Helpful information

Mercy Maricopa Member Services
602-586-1841 or
1-800-564-5465; (TTY/TDD) 711
24 hours a day, 7 days a week

Behavioral Health Crisis Line
602-222-9444 or
1-800-631-1314
TTY/TDD: 1-800-327-9254
24 hours a day, 7 days a week

Maricopa Peer Operated Warm Line
A telephone support line operated by trained peer counselors who have similar life experiences as you. Available 24/7 at 602-347-1100.

Rally Point Arizona Veteran Help Line
If you need help at any time, for any kind of emergency, call us and talk to a veteran who understands where you’ve been and where you are now. You can call the Rally Point Hotline 24/7 at 1-855-RALLY4U or 1-855-725-5948.

Emergency: Call 911

Mailing Address
Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Email: contactmercymaricopa@mercymaricopa.org
Website: www.mercymaricopa.org
Facebook: www.facebook.com/mercymaricopa
Twitter: @mercymaricopa

This handbook contains general health information and shouldn’t replace the advice or care from your provider. You should always ask your health care provider about your own health care needs.

Updated August 2017. Contract services are funded under contract with the State of Arizona.

www.mercymaricopa.org
AZR-17-09-01
### Personal information and contact information

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>My Primary Care Provider (PCP)</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
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<tr>
<td>Pharmacy</td>
<td></td>
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<tr>
<td>Case manager</td>
<td></td>
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<tr>
<td>My psychiatrist or nurse</td>
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Mercy Maricopa Integrated Care
Introduction

Welcome to Mercy Maricopa Integrated Care

Connecting you to care, services and support for living well
You have many benefits and services available to you. You have access to a variety of health care providers and community resources. You can count on us. We’ll connect you to the care you need, when and where you need it.

As a member, you can also use many different supports and services. These services can help when you’re having a behavioral health crisis. Or an issue with substance use. They can help if you need guidance from someone with lived experiences. They can help you if you’re experiencing homelessness. Supports can also mean help finding and keeping a job or a home.

Your physical, behavioral and social needs affect your overall health. And that’s why our focus is the whole person. We help you reach your physical and behavioral health goals. We engage others around you. This includes your family, friends, providers and others in the community - anyone you choose to walk alongside you on your path to recovery.

Behavioral health challenges can affect people of any age, gender, income, race or religion. They can affect how you think, feel and act. Sometimes, symptoms are mild. Other times, they’re more serious and last longer. Either way, feeling better is always possible.

You’re not alone.

We’re here to help.

Your member handbook
You should read this handbook carefully. You can learn about:
• Your rights and responsibilities
• Getting health care services
• Your health care privacy
• Services that are covered
• Services that aren’t covered
• What makes an emergency
• What you can do if you disagree with a decision about your treatment
• And much more

This handbook is available in other languages and formats. You can learn how to get this handbook in other formats in the section, “Getting information in a language and format you understand.”

This handbook has some words that might be difficult to understand. To help you, we have a section (beginning on page 85) with definitions for words used in:
• Health plans
• Maternity care

**Mercy Maricopa Integrated Care website**
You can visit our website at [www.mercymaricopa.org](http://www.mercymaricopa.org). You can get information about Mercy Maricopa’s services. You can search for a provider. You can find ways to get involved in the community. You can find events in the community you can be a part of. You can view the website in Spanish and English. Our website is also compatible with common screen readers.
Important contact information

Mercy Maricopa Member Services
Mercy Maricopa Member Services is available 24 hours a day, 7 days a week. You can call **602-586-1841** OR **1-800-564-5465**; (TTY/TDD) **711** or email contact **mercymaricopa@mercymaricopa.org**. Our offices are located at 4350 E. Cotton Center Blvd., Bldg. D, Phoenix, AZ 85040.

Member Services is available to help answer your questions. Member Services can help you:

- Learn about the services you can get
- Find a provider, including providers that offer services after normal business hours
- Make a complaint or give positive feedback about services

Urgent care (after-hours care)

This is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life. For example:

- Bad sore throat or earache
- Flu
- Migraine headaches
- Back pain
- Medication refill or request
- Sprains

If you get sick after the doctor’s office is closed or on a weekend, call the office anyway. You can even call your PCP in the middle of the night. An answering service will make sure your doctor gets your message. Your PCP will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you.

You can also go to an urgent care center when you have urgent health care problems and your doctor cannot see you right away. You can find the urgent care center closest to you. You can:

Look for one on Mercy Maricopa’s website at **www.mercymaricopa.org/find-provider**.
Call Mercy Maricopa Member Services 24 hours a day, 7 days a week. They can help you find an urgent care center near you. You can reach them at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Behavioral health crisis services**

If you think you might hurt yourself or someone else, call 911.

If you’re in a behavioral health crisis, you can call the Crisis Line. Trained staff are available 24/7. You can reach them at 602-222-9444 or 1-800-631-1314; (TTY/TDD) 1-800-327-9254.

You may be able to get a ride to get care for a behavioral health emergency. You can find out by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Crisis services**

You’re able to get crisis services, even if you aren’t Title 19/21 eligible (i.e., not eligible for AHCCCS). You can get these services even if you’re not diagnosed with a serious mental illness. Crisis services you can get include:

- Crisis intervention phone services, including a toll-free number, are available 24 hours per day, 7 days a week by calling the Maricopa County Behavioral Health Crisis Line at 602-222-9444 or 1-800-631-1314; (TTY/TDD) 1-800-327-9254
- Mobile crisis intervention services, available 24 hours a day, 7 days a week
- 23-hour crisis observation/stabilization services, including detoxification services, and as funding allows, up to 72 hours of additional crisis stabilization
- Community information and referral services (support groups, sliding-fee scale behavioral health providers and benefit eligibility information)

During times of crisis, or emergencies, you can choose any hospital or other setting for emergency care. But, there are some emergency settings within the Mercy Maricopa network that may be easier for you to use. These include:

*Psychiatric urgent care centers*
Connections AZ Urgent Psychiatric Care Center (UPC)
1201 S. 7th Ave.
Phoenix, AZ 85007
**Phone:** 602-416-7600

RI International Recovery Response Center (RRC)
11361 N. 99th Ave.
Peoria, AZ 85345
**Phone:** 602-650-1212, press 2

Community Bridges Community Psychiatric Emergency Center (CPEC)
358 E. Javelina Ave.
Mesa, AZ 85210
**Phone:** 1-877-931-9142

*Adult crisis respite services*
RI International Recovery Crisis Respite Program (RCRP)
11361 N. 99th Ave, Ste. 107
Peoria, AZ 85345
**Phone:** 602-636-4380

*Detox centers*
Community Bridges Central City Addiction Recovery Center (CCARC)
2770 E. Van Buren St.
Phoenix, AZ 85008
**Phone:** 1-877-931-9142

Community Bridges East Valley Addiction Recovery Center (EVARC)
560 S. Bellview Rd.
Mesa, AZ 85204
**Phone:** 1-877-931-9142
**Crisis inpatient**
Southwest Behavioral Health Crisis Recovery Units I & II
1424 S. 7th Ave.
Phoenix, AZ 85007
**Phone:** 602-257-8970

**Time-limited crisis residential**
Community Bridges West Valley Transition Point
824 N. 99th Ave.
Avondale, AZ 85323
**Phone:** 1-877-931-9142

**24/7 outpatient**
Community Bridges West Valley Access Point
824 N. 99th Ave.
Avondale AZ 85323
**Phone:** 1-877-931-9142

La Frontera-EMPACT- San Tan Valley Outpatient
2474 E. Hunt Highway, Ste. A100
San Tan Valley, AZ 85143-5210
South Door 3
**Phone:** 480-317-2213

**23-hour psychiatric observation**
Banner Psychiatric Observation
575 E. Earll Dr.
Scottsdale AZ 85251
**Phone:** 480-448-7600

St. Luke’s Behavioral Health Center
1800 E. Van Buren St.
Phoenix, AZ 85006
**Phone:** 602-251-8535
Connections AZ Urgent Psychiatric Care Center (UPC)
1201 S. 7th Ave.
Phoenix, AZ 85007
**Phone:** 602-416-7600

RI International Recovery Response Center (RRC)
11361 N. 99th Ave.
Peoria, AZ 85345
**Phone:** 602-650-1212, press 2

Community Bridges Community Psychiatric Emergency Center (CPEC)
358 E. Javelina Ave.
Mesa, AZ 85210
**Phone:** 1-877-931-9142
Culturally competent care

The parts of your life that are most important to you, like your traditions, are “your culture.” Your traditions, heritage, religious and spiritual beliefs, language also make up your culture.

We encourage our providers to understand the culture of each individual. This will help them to better understand and communicate with Mercy Maricopa members.

Your provider will ask you to share cultural information. This will help you both to determine the best treatment plan for you or your family member. You should make sure to help your provider understand your culture -- what’s important to you and your family. This will help make sure the right services for your needs.

You should also talk to your provider when you are planning your treatment and goals. If your provider understands what your goals are, he or she can better help you reach them.

Getting information in a language and format you understand

You should ask your provider or Mercy Maricopa to give you information in a language and format that you understand. Some of these include Spanish translation, sign language interpretation, auxiliary aids and printed information for the visually impaired. You can ask for these materials by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Printed information for visually impaired members

If you have a visual impairment and you need this Member Handbook or other materials, such as notices and consent forms, in a large print Braille or audio format, you can contact your provider or Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. You can receive your materials in an alternative format. You can also visit www.mercymaricopa.org/members/handbook to view the handbook in large print or other languages.
Translation and oral interpreter services

You can ask for help from Mercy Maricopa to make sure:
• Written information is either available in your language or can be translated in your language so you can understand it
• You can find providers who speak your language

You can call Mercy Maricopa Member Services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711.

If you’re eligible for benefits under AHCCCS and/or you’re a person determined to have a serious mental illness (SMI), oral interpreter services are available at no cost to you. You can contact Member Services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711 to ask for translation and oral interpreter services.

Mercy Maricopa puede ayudarle si usted no habla o entiende el inglés.
• Tenemos este folleto en español
• Podemos conseguiré un traductor para su cuidado medico
• Podemos darle una copia de los reglamentos en español

Marca 602‑586‑1841 o 1‑800‑564‑5465; (TTY/TDD) 711 para pedir información en español.
**Nondiscrimination Notice**

Mercy Maricopa Integrated Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Maricopa Integrated Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mercy Maricopa Integrated Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Mercy Maricopa Integrated Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

  - **Address:** Attn: Civil Rights Coordinator
    4500 East Cotton Center Boulevard
    Phoenix, AZ 85040
  - **Telephone:** **1-888-234-7358 (TTY 711)**
  - **Email:** MedicaidCRCoordinator@mercy.maricopa.org

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or 1-800-385-4104 (TTY: 711).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al 1-800-385-4104 (TTY: 711).

NAVAJO: Díí BAA AKóNiNíZIN: Díí bee yáníití'go, saad bee áká'ánída'awo'dée', t'áá jiik'eh, éí ná hóló. Ninaaltsoos nit'tíizí bee nééhozinígií bine'dée' béésh bee hane'í biká'ígíí bee hodíilnihdoodago 1-800-385-4104 [TTY: 711 hólne' dooleet].

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的ID卡背面的電話號碼或 1-800-385-4104 (TTY: 711)。


ARABIC: ملاحظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو عل (التصم والبكم: 1-800-385-4104)


KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 1-800-385-4104 (TTY: 711) 번으로 연락해 주십시오.


ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру 1-800-385-4104 (TTY: 711).

注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。IDカード裏面の電話番号、または1-800-385-4104 (TTY: 711)までご連絡ください。

اجر به زبان فارسی صحبت می‌کنید، به صورت رایگان می‌توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره دارج شده در پشت کارت شناسایی یا با شماره 4104-385-1-800-385-4104 (TTY: 711) تماس بگیرید.

警告:如果您说阿拉伯语，您将免费获得语言支持服务。请拨打身份证背面的电话号码，或者拨打1-800-385-4104（TTY: 711）。

注意:如果您说塞尔维亚语，您可以免费使用语言支持服务。请拨打身份证背面的电话号码，或者拨打1-800-385-4104（TTY: 711）。

警告:如果您说泰语，您将免费获得语言支持服务。请拨打身份证背面的电话号码，或者拨打1-800-385-4104（TTY: 711）。

Notice: If you speak Serbo-Croatian, you may use free language support services. Please call the number on the back of your ID or 1-800-385-4104 (TTY: 711).

Notice: If you speak Thai, you may use free language support services. Please call the number on the back of your ID or 1-800-385-4104 (TTY: 711).
Sign language interpreters and auxiliary aids
If you’re deaf or hard of hearing, you can ask that your provider provide auxiliary aids or schedule a sign language interpreter to meet your needs. Your provider has to provide these services.

Auxiliary aids are things like computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning.

Sign language interpreters are skilled professionals. They’re certified to provide interpretation, usually in American Sign Language, to the deaf. You can get a listing of sign language interpreters and for the laws regarding Arizona interpreters. You can visit the Arizona Commission for the Deaf and the Hard of Hearing at www.acdhh.org. Or, call them at 602-542-3323 (Video Phone); 602-364-0990 (TTY); 800-352-8161 (Video Phone/TTY); 480-559-9441 (Video Phone).

Providers that meet your cultural, language needs
You can search the online provider directory to find the right provider for you. That includes finding a provider that speaks the language most comfortable to you.

You can go to www.mercymaricopa.org/find-provider. You can select the language you want from the choices under ‘Provider Language.’

You can also call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. They’re available 24/7. They can help you find a provider that speaks your language. If there isn’t a provider who speaks the language you’re looking for, Member Services will set up interpretive services for you.

Accommodating physical disabilities
If you need a provider office that accommodate members with physical disabilities, call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. They’re available 24/7. They can help you find the right provider for you.
Provider directory

You have the right to request a current provider directory at any time. There is no cost to you. The provider directory will have the name, location, telephone number and hours of operation for all:

• Current providers in your service area
• Providers that speak a language other than English and the language(s) spoken
• Providers in your service area that aren’t accepting new members
• Providers and hospitals that offer emergency and post-stabilization services
• Urgent cares and hospitals that offer afterhours, weekend and holiday services

You can find a directory of providers on our website at www.mercymaricopa.org/find-provider.

You can also ask a copy of the provider directory by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. They’re available 24/7.

About Mercy Maricopa

Mercy Maricopa is the RBHA for Geographic Service Area (GSA) 6. This includes all of Maricopa County and the following zip codes in Pinal and Yavapai counties: 85140, 85120, 85142, 85143, 85342 and 85390. We’re a local, not-for-profit health plan. We’re sponsored by Mercy Care Plan and Maricopa Integrated Health System (MIHS). Mercy Care Plan is an Arizona not-for-profit company. They’ve been providing Medicaid managed care administration since 1985. Dignity Health and Carondelet Health Network sponsor Mercy Care Plan. MIHS is a public health care system. It has served as a health care safety net for the citizens of Maricopa County for more than 135 years. Aetna administers Mercy Maricopa Integrated Care. Aetna also provides plan management for Mercy Care Plan.
Delivering services to members
Mercy Maricopa is a managed care plan. This means we provide health services to our members through a selected group of providers. That group is called a provider network. Your provider helps you manage your care. They’ll work with you to come up with a treatment plan. They can also refer you to other services to improve your health and wellness.

Provider network
A provider network is a group of providers who contract with Mercy Maricopa. They may provide behavioral or physical health services or both.

Mercy Maricopa can help you choose providers from within its provider network. If you’d like to pick a provider because it’s convenient, close to you or it’s your cultural preference, just let us know when you call. You will need to contact the provider to make, change or cancel your appointments. You can also contact Mercy Maricopa member services if you’d like help making, changing or canceling your appointments.

If you need help scheduling or canceling an appointment or if you aren’t happy with your current provider, or you want to change providers for any reason, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to discuss other options.

You can find a list of all available providers, their locations, numbers and the languages they speak at www.mercymaricopa.org/find-provider. If you don’t have Internet access at home, no cost Internet service is usually available at public libraries. You can also get a paper copy of the provider listing at no charge by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Some providers may not be taking new members. You can find out which providers in the Mercy Maricopa network aren’t accepting new members by contacting the provider or Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
Arizona has Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs). They have a contract with the State of Arizona to serve certain areas of the state. Based on where you live, your RBHA is Mercy Maricopa. RBHA’s have to make sure that behavioral health services are available to their members. They also have to oversee:

- The quality of care members receive
- The appropriate use of services
- Manage the cost associated with providing needed services

To find out more about Arizona’s behavioral health service delivery system you can visit the Arizona Health Care Cost Containment System (AHCCCS) website at https://www.azahcccs.gov/.

**Member identification card**

Your identification (ID) card has a phone number to access behavioral health and substance abuse services. Some members can also access medical care services. If you have questions or need help getting behavioral health services, you can call the number on your card.

If you have an Arizona driver’s license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). The AHCCCS eligibility verification screen viewed by providers will have your picture (if it’s available) and your coverage details.

You’re responsible for protecting your ID card. You shouldn’t give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits. Legal actions can also be taken.

It’s also important to remember: If you lose eligibility, make sure you do not throw away your member ID card. You will not be given another card if you become eligible again.
Your health and your responsibilities as a member

As a Mercy Maricopa member, it’s important for you to work with your provider to reach your health and wellness and recovery goals. You also have certain responsibilities as a Mercy Maricopa member. These responsibilities will help you contribute to your physical and mental health. These are some of them:

- Respect the doctors, pharmacists, staff and people providing services to you
- Share information
- Show your member ID card or identify yourself as a Mercy Maricopa member to health care providers before getting services. If you have other insurance in addition to Mercy Maricopa, show your doctor or pharmacist both insurance ID cards.
- Ask your doctor to explain if you don’t understand your health condition or treatment plan.
- Tell your doctors and/or your case manager about any other insurance you may have and apply for other benefits for which you may be eligible
- Give your doctors and case manager all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns
- Notify Mercy Maricopa any time you feel a provider or another member isn’t using health plan benefits correctly. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
- Report changes such as your family size, address, telephone number and/or assets and other matters that could affect your eligibility. You can inform your case manager, Mercy Maricopa Member Services and/or the interviewer at the office where you applied for AHCCCS. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
- Participate in recovery
- Know the name of your doctors and/or your case manager
- Participate in creating your Service Plan
- Follow the instructions that you and your doctors have agreed on, including the instructions of nurses and other health care professionals
- Schedule appointments during office hours when possible, instead of using urgent or emergency care.
• Keep appointments and come on time. Call your provider’s office ahead of time when you cannot keep your appointments. You may also contact Mercy Maricopa if you would like help making, changing or canceling your appointments. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Reporting changes

Changes in your family size, address or eligibility
If you’re Title 19 or Title 21 eligible, you must report all changes in your family, including births and deaths. You should also report changes to your home or mailing address, your income, a household member’s job. You should report these changes to your provider, Mercy Maricopa and to the agency where you applied for your benefits. If you need help, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you’re Title 19 or Title 21 eligible, call the agency where you applied for those benefits to let them know you moved and/or had a change in family size and give them your new address. This agency could be:

AHCCCS: 602-417-7100 in Maricopa County or 1-800-334-5283 outside of Maricopa County. You can also update your address on the HEAPPLUS website at www.healthearizonaplus.gov.

Arizona Department of Economic Security (DES): 602-542-5065 or 1-800-352-8168

Social Security Administration: 1-800-772-1213

If you move, you should tell your provider and Mercy Maricopa right away. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. This will help make sure you continue to receive your services and/or medications.

You may need to change to a new provider and/or T/RBHA. If that happens, your provider will ask you to sign a release of information so the new provider and/or T/RBHA can transfer your services. Once you give written permission,
your provider and Mercy Maricopa can give your records to the new provider. Mercy Maricopa or your provider can help you with a referral to a new provider and/or T/RBHA. You call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you’re moving out-of-state or out of the country, the T/RBHA may be able to help you link to services in your new location. However, if you move out of the state or out of the country, you won’t be eligible for AHCCCS services.

If you lose your AHCCCS eligibility, we want you to be able to get care. We provide a list of clinics that offer low-cost or no-cost medical care. (Page 78). You can call the clinics to find out about services and costs. If you have questions or need help, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Transition of care if you change health plans
If you change to another health plan, Mercy Maricopa will let you know the name of the new health plan, how to contact them and their emergency phone number. Mercy Maricopa will give you information about services and how to get them. We will also let the new health plan know of your special needs.

What is an emergency?
This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life if you do not get help right away. Examples of emergencies are:
• Sudden chest pains such as a heart attack or trouble breathing
• Car accident
• Convulsions
• Very bad bleeding, especially if you are pregnant
• Broken bones
• Serious burns
• Poisoning
• Overdose
What to do in case of an emergency?
Call 911 or go to the nearest emergency room.

You can go to any emergency room. You do not have to call your doctor or Mercy Maricopa first. You do not need to get approval to call 911. You do not need prior approval to get emergency services. If you can, show the emergency room providers your Mercy Maricopa ID card and ask them to call your doctor.

Getting emergency or medically necessary transportation

Transportation in an emergency
If you have a medical emergency, dial 911. Use of emergency transportation must be for emergency services only. You don’t need prior approval for transportation during an emergency.

Call 911 or contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for transportation in an emergency or crisis.

Transportation to behavioral health appointments (rides)
You may be able to get a ride to and from non-emergency services for covered behavioral health services, such as medication appointments. You can contact your case manager or Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465, (TTY/TDD) 711 and ask if you can get a ride.

Transportation to medical appointments (rides)
Mercy Maricopa can help you get to your AHCCCS covered health care visits if necessary. Before you call Mercy Maricopa for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, we will send you bus tickets or passes at no cost to you.

Call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to schedule transportation to your health care visits. You must call at least 3 days in advance to get a ride. If you call the same day, we won’t be able to arrange a ride for you in time, unless it’s urgent. You may have to reschedule
your appointment. If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, Mercy Maricopa can set up the rides all at once. After your appointment, call your transportation provider to arrange a ride home.

**Covered Services: Behavioral health and physical health (medical)**

**Eligibility for behavioral health services**
The following members are eligible for behavioral health services:
- Persons eligible for AHCCCS through either Title 19 (Medicaid) or Title 21
- Persons determined to have a serious mental illness
- Special populations who are eligible to receive services funded through federal block grants

Title 19 (Medicaid; may also be called AHCCCS) is insurance for low-income adults and children. It pays for medical, dental (for children and youth up to 21 years of age) and behavioral health services.

Title 21 (may also be called AHCCCS) is insurance for children under the age of 19 who don’t have insurance and aren’t eligible for Title 19 benefits. It pays for medical, dental and behavioral health services.

Mercy Maricopa or your provider will ask you questions to find out if you could be eligible for AHCCCS benefits. If so, they can help you complete an AHCCCS application. If you’re not eligible for AHCCCS, Mercy Maricopa or your provider can help you apply for medical coverage on the Federal Health Care Marketplace. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that’s severe and persistent. Persons may be so impaired that they cannot remain in the community without treatment and/or services. Crisis Response Network, a provider that has a contract with Mercy Maricopa, will make a determination of serious mental illness upon referral or request.
Individuals eligible for behavioral health services through AHCCCS are assigned to a T/RBHA based on where they live. American Indian members can receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

AHCCCS assigned you to Mercy Maricopa because you live within the Mercy Maricopa service area. You will continue to receive services from Mercy Maricopa - as long as you’re eligible - unless you move to an area where Mercy Maricopa doesn’t oversee services.

Adults who aren’t AHCCCS eligible but who are determined to have SMI will be enrolled with a T/RBHA for behavioral health services.

**Available behavioral health services**

Behavioral health services help people think, feel and act in healthy ways. There are services for mental health problems and there are services for substance abuse.

You can get services based on three things:
- Your need
- Your insurance coverage
- Your provider’s approval, if required

You decide with your provider or clinical team\(^1\) which services you need. Your provider or clinical team can ask Mercy Maricopa for approval of a service for you, but Mercy Maricopa may deny the request for approval. If Mercy Maricopa denies the request for services, you can file an appeal. For more information on filing an appeal, see the section, “Member complaints, grievances and appeals.” (page 57).

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, you can contact Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711**.

\(^{1}\) Clinical teams include both Child and Family Teams and Adult Recovery Teams
The table below lists the available behavioral health services and any limits they may have. Mercy Maricopa must pay only for the available behavioral health services listed.

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TITLE 19/21 CHILDREN AND ADULTS</th>
<th>NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health counseling and therapy</td>
<td>Individual</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Available</td>
</tr>
<tr>
<td>Behavioral health screening, mental health assessment and specialized testing</td>
<td>Behavioral health screening</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Mental health assessment</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Specialized testing</td>
<td>Available</td>
</tr>
<tr>
<td>Other professional</td>
<td>Traditional healing</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td></td>
<td>Auricular acupuncture</td>
<td>Provided based on available funding **</td>
</tr>
<tr>
<td>Services</td>
<td>Title 19/21 Children and Adults</td>
<td>Non-Title 19/21 Persons Determined to Have SMI</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Rehabilitation Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills training and development</td>
<td>Individual</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Extended</td>
<td>Available</td>
</tr>
<tr>
<td>Cognitive rehabilitation</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Behavioral health prevention/promotion education</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Psycho educational services and ongoing support to maintain employment</td>
<td>Psycho educational services</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Ongoing support to maintain employment</td>
<td>Available</td>
</tr>
<tr>
<td><strong>Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication services</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Lab, radiology and medical imaging</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Medical management</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Electro-convulsive therapy</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Personal care</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Home care training (family)</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>Self-help/peer services</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>SERVICES</td>
<td>TITLE 19/21 CHILDREN AND ADULTS</td>
<td>NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Home Care Training to Home Care Client (HCTC)</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Respite care†</td>
<td>Available †</td>
<td>Available†</td>
</tr>
<tr>
<td>Supported housing</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Sign language or oral interpretive services</td>
<td>Provided at no charge to the member</td>
<td>Provided at no charge to the member</td>
</tr>
<tr>
<td>GMH/SA and SMI Support Services</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Transportation Emergency</td>
<td>Available</td>
<td>Limited to crisis service-related transportation</td>
</tr>
<tr>
<td>Non-emergency</td>
<td>Available</td>
<td>Available</td>
</tr>
</tbody>
</table>

**CRISIS INTERVENTION SERVICES**

- Crisis intervention – mobile: Available
- Crisis intervention – telephone: Available
- Crisis services – stabilization: Available

**INPATIENT SERVICES**

- Hospital: Available
- Available but limited†††
<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TITLE 19/21 CHILDREN AND ADULTS</th>
<th>NON-TITLE 19/21 PERSONS DETERMINED TO HAVE SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health inpatient facility</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td><strong>RESIDENTIAL SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health residential facility</td>
<td>Available</td>
<td>Available but limited†††</td>
</tr>
<tr>
<td>Room and board</td>
<td>Provided based on available funding**</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH DAY PROGRAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised day</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Therapeutic day</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
<tr>
<td>Medical day</td>
<td>Available</td>
<td>Provided based on available funding**</td>
</tr>
</tbody>
</table>

Limitations:
* For services available through federal block grants, you can view the Special Populations section on page 31.

** Services not available with T19/21 funding, but may be provided based upon available grant funding and approved use of general funds.

*** See the Mercy Maricopa drug list for further information on covered medications.

† Respite care - Respite care is offered as a temporary break for caregivers to take time for themselves. A member’s need is the basis for determining the number of respite hours. The maximum number of hours available is 600 hours.
within a 12-month period. The 12 months will run from October 1 through September 30 of the next year.

†† A person may be assigned a case manager, based on his/her needs.

††† Coverage is limited to 23-hour crisis observation/stabilization services, including detoxification services. Up to 72 hours of additional crisis stabilization may be covered based upon the availability of funding.

**Behavioral health service/benefit descriptions**

For more information, you can go to Mercy Maricopa’s covered service guide online: [www.mercymaricopa.org/members/mmic/benefits](http://www.mercymaricopa.org/members/mmic/benefits).

<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>MORE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health counseling and therapy</td>
<td>Interactive therapy designed to draw out information, identify behavioral problems or conflicts, and provide support and education for future use.</td>
<td>Can be provided to an individual, a group of people, a family or multiple families</td>
</tr>
<tr>
<td>Behavioral health screening, mental health assessment and specialized testing</td>
<td>Gathering and assessment of historical and current information, face to face with member, family or group of individuals in a written summary or report.</td>
<td></td>
</tr>
</tbody>
</table>

Mercy Maricopa Integrated Care
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>MORE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other professional</td>
<td>Other treatment services provided by qualified individuals in order to ease symptoms and improve or maintain functioning.</td>
<td>Includes, but not limited to: Psychiatric services without face to face contact, biofeedback</td>
</tr>
<tr>
<td>REHABILITATION SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills training and development</td>
<td>Teaching independent living, social and communication skills to persons and/or their families to help them live more independently and be a part of the community.</td>
<td>Includes but not limited to: Self-care, taking care of a residence, managing money and using other resources</td>
</tr>
<tr>
<td>Cognitive rehabilitation</td>
<td>Assisting in the recovery from cognitive (mental) issues to be more independent or function at the highest level possible.</td>
<td>Includes but not limited to: Relearning of certain mental abilities, making functions stronger, substituting new skills to replace lost ones</td>
</tr>
<tr>
<td>Behavioral health Prevention/ promotion education</td>
<td>Educating and training an individual or group in relation to a person’s treatment plan.</td>
<td>Includes but not limited to: Increasing knowledge of a health related topic, use of medicines for best results, stress management, parenting skills</td>
</tr>
<tr>
<td>Psycho educational services and ongoing support to maintain employment</td>
<td>Designed to assist a person or group to choose, find and keep a job or other meaningful community activity.</td>
<td>Customized to support people in a variety of settings such as part-time work, unpaid work experience or meaningful volunteer work appropriate to the person’s age, mental and physical status.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
</tr>
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</tr>
<tr>
<td><strong>MEDICAL SERVICES</strong></td>
<td></td>
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</tr>
<tr>
<td>Medication services</td>
<td>Drugs prescribed by a licensed physician, nurse practitioner or physician assistant to prevent, stabilize or improve symptoms that are part of a behavioral health condition or its treatment.</td>
<td>View the Mercy Maricopa drug list at <a href="http://www.mercymaricopa.org/members/mmic/pharmacy">www.mercymaricopa.org/members/mmic/pharmacy</a></td>
</tr>
<tr>
<td>Lab, radiology and medical imaging</td>
<td>Medical tests for diagnosing, screening or monitoring a behavioral health condition.</td>
<td>May include, but is not limited to: Blood and urine tests, CT scans, MRI, EKG and EEG</td>
</tr>
<tr>
<td>Medical management</td>
<td>Assessment and management services that are provided by a licensed medical professional (i.e., physician, nurse practitioner, physician assistant or nurse) to a person as part of their medical visit for ongoing treatment purposes.</td>
<td>Includes use of medicines for best results, which includes learning about the effects and side effects of medications and how new medicines can make you feel when you first start taking them.</td>
</tr>
<tr>
<td>Electro-convulsive therapy</td>
<td>A treatment where a brief electric current is passed through a person’s brain, most often used for major depression.</td>
<td>Services must be provided by a licensed physician with anesthesia support in a hospital.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
</tr>
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</tbody>
</table>
| SUPPORT SERVICES | Case management | A supportive service provided to boost treatment goals and effectiveness. | Includes but not limited to:  
• Assistance using and continuing to use covered services  
• Telephone or face-to-face contacts with a person, or family to help improve and keep a person functioning well  
• Assistance in finding help to meet basic needs  
• Communication and coordination of care with the person’s family, care providers, community and other State agencies |
| | Personal care | Support activities to assist a person carry out daily living tasks and other activities needed to live in a community. | Includes but not limited to: Assistance with homemaking, personal care, taking medicines properly. |
| | Home care training (Family) | Home care training family services (family support) involves face-to-face contact with family member(s) with a goal to rebuild, improve or keep the family functioning so the person can stay in the home and community. | May involve support activities such as:  
• Assisting the family adjust to the person’s disability  
• Building skills to help guide the person  
• Help with understanding the causes and treatment of behavioral health issues  
• Understanding and being able to use system services. |
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>MORE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-help/peer services</td>
<td>Help using services such as building care plans, identifying needs, finding supports, working with professionals, getting past barriers, understanding and coping with the stress that is part of the disability (e.g., support groups), coaching, role modeling and mentoring.</td>
<td>For members and/or their families who need more structure and services than those you can get through community-based recovery fellowship groups.</td>
</tr>
<tr>
<td>Home Care Training to Home Care Client (HCTC)</td>
<td>Services provided by staff of a behavioral health therapeutic home to a person who lives in the home to help and support the person to meet their service plan goals, stay in the community setting and stay out of residential care.</td>
<td>Includes but not limited to: Behavioral health support services such as personal care, community living, skills training, and transportation to scheduled therapy or treatment appointments.</td>
</tr>
<tr>
<td>Respite care</td>
<td>Short-term behavioral health services or general supervision that provides rest or relief to a family member or others caring for the member.</td>
<td>Services may be provided on a short-term basis (i.e., few hours during the day) or for longer periods involving overnight stays.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
</tr>
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<tr>
<td>Supported housing</td>
<td>Support to obtain and maintain housing in an independent community setting including the person’s own home or apartment, or homes owned or leased by a subcontracted provider.</td>
<td>May include living skills, rent and utility assistance, and help moving so members and their families can find and keep a home.</td>
</tr>
<tr>
<td>Sign language or oral interpretive services</td>
<td>Services are available to members at no cost; services for all non-English languages and the D/deaf or hard of hearing must be available to potential members, at no cost, when requested.</td>
<td>Sign language or oral interpretive services are provided to persons and/or their families with limited language skills or other communication barriers (e.g., sight or sound) during instructions on how to access services, counseling and treatment activities that will help them get the mental health services they need.</td>
</tr>
<tr>
<td>GMH/SA and SMI Support Services</td>
<td>T/RBHAS may access funds to purchase any of a variety of one-time or occasional goods or services needed for members (children or adults) and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the member’s service plan.</td>
<td>The funds are intended to promote wellness, comfort and safety for vulnerable children and adults returning to the community in a respectful, individualized manner. Non-medically necessary covered services and/or supports</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
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</tr>
<tr>
<td>Transportation</td>
<td>Assisting members in going from one place to another to help them get services and achieve their service plan goals.</td>
<td>This includes both emergency and non-emergency transportation. Emergency transportation does not require prior authorization. Non-emergency transportation must be provided for persons and/or families who are unable to arrange or pay for their transportation or who do not have access to no-cost transportation in order to access medically necessary covered behavioral health services.</td>
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<tr>
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<tr>
<td><strong>CRISIS INTERVENTION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis intervention – mobile</td>
<td>Services provided by a mobile team or individual who travels to the place where the person is having the crisis (e.g., person’s place of residence, emergency room, jail or community setting).</td>
<td>Includes services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. The purpose of this service is to: • Stabilize acute psychiatric or behavioral symptoms • Evaluate treatment needs • Develop plans to meet the needs of the person</td>
</tr>
<tr>
<td>Crisis intervention-telephone</td>
<td>Services to provide triage, referral and telephone-based support to people in crisis; often providing the first place of access to the behavioral health system.</td>
<td>The service may also include a follow-up call to ensure the person is stabilized.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
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<tr>
<td>Crisis intervention-stabilization</td>
<td>Immediate and unscheduled behavioral health service provided: (a) In response to an individual’s behavioral health issue to prevent imminent harm, to stabilize or resolve an acute behavioral health issue and (b) At an inpatient facility or outpatient treatment center.</td>
<td>Crisis intervention services (stabilization) must be provided by facilities licensed by the Division of Licensing Services. Individuals providing these services must be behavioral health professionals, behavioral health technicians or behavioral health para-professionals.</td>
</tr>
</tbody>
</table>

### INPATIENT SERVICES

<p>| Hospital | Inpatient services (including room and board) | Provides continuous treatment that includes general psychiatric care, medical detoxification and/or forensic services in a general hospital or a general hospital with a distinct part or a freestanding psychiatric facility. Also includes 24-hour nursing supervision and physicians on site and on call. |</p>
<table>
<thead>
<tr>
<th>SERVICE/BENEFIT</th>
<th>DESCRIPTION</th>
<th>MORE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health inpatient facility</td>
<td>Inpatient psychiatric treatment, which includes an integrated residential program of therapies, activities, and experiences provided to persons who are under 21 years old and have severe or acute behavioral health symptoms. There are two types of residential treatment centers: Secure: A residential treatment center that generally employs security guards and uses monitoring equipment and alarms. Non-secure: An unlocked residential treatment center.</td>
<td>Continuous treatment to a person who is experiencing acute and severe behavioral health and/or substance abuse symptoms. Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification; and referral. Also includes 24-hour nursing supervision and physicians on site or on call.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
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<tr>
<td><strong>RESIDENTIAL SERVICES</strong></td>
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<tr>
<td>Behavioral health residential facility</td>
<td>Residential services are provided by a licensed behavioral health agency. These agencies provide a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.</td>
<td>Room and board is not covered by Title 19/21 for persons residing in behavioral health residential facilities.</td>
</tr>
<tr>
<td>Room and board</td>
<td>The provision of lodging and meals to a person residing in a residential facility or supported independent living setting.</td>
<td>Includes but is not limited to services such as food and food preparation, personal laundry and housekeeping.</td>
</tr>
<tr>
<td>SERVICE/BENEFIT</td>
<td>DESCRIPTION</td>
<td>MORE INFORMATION</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>Supervised day</td>
<td>A regularly scheduled program of individual, group and/or family activities/services related to the enrolled person’s treatment plan designed to improve the ability of the person to function in the community.</td>
<td>May include the following rehabilitative and support services: Skills training and development, behavioral health prevention/promotion, medication training and support, ongoing support to maintain employment, and self-help/peer services.</td>
</tr>
<tr>
<td>Therapeutic day</td>
<td>A regularly scheduled program of active treatment modalities.</td>
<td>Includes but not limited to services such as: Individual, group and/or family behavioral health counseling and therapy; skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; home care training family (family support); medication monitoring; case management; and self-help/peer services.</td>
</tr>
<tr>
<td>Medical day</td>
<td>A regularly scheduled program of active treatment modalities, including medical interventions, in a group setting.</td>
<td>May include: Individual, group and/or family behavioral health counseling and therapy; skills training and development; behavioral health prevention/promotion; medication training and support; ongoing support to maintain employment; home care training for families (family support); and/or other nursing services such as medication monitoring, methadone administration and medical/nursing assessments.</td>
</tr>
</tbody>
</table>
Medication coverage (pharmacy services)
Mercy Maricopa has a list of medications, called a Preferred Drug List, which includes medications available to you through Mercy Maricopa. You can find the Mercy Maricopa drug list online at [www.mercymaricopa.org/members/mmic/pharmacy](http://www.mercymaricopa.org/members/mmic/pharmacy). You may need medication that isn’t on the Mercy Maricopa drug list, or you may need approval for your medication. If your medication isn’t on a Preferred Drug List, your prescriber can:

- Prescribe a similar drug that is on the list
- Ask Mercy Maricopa to make an exception and cover the medically necessary drug. Your provider will go through the prior authorization process.
- If Mercy Maricopa denies, reduces or terminates your medication, you and your provider will receive a notice in the mail and have the right to file an appeal. The letter will explain the process for filing an appeal, along with any additional rights and rules that apply. You can learn more about this process in the section called “Member appeals” on page 59.

If you go to a pharmacy that’s in the Mercy Maricopa network to fill a prescription but get turned away by the pharmacy, you should call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you need to get medication from a pharmacy after hours or on a weekend or holiday, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies on the Mercy Maricopa website at [www.mercymaricopa.org/find-pharmacy](http://www.mercymaricopa.org/find-pharmacy). You can call Mercy Maricopa Member Services if you need help finding an open pharmacy near you.
Covered physical health (medical) services

Eligibility
This section describes the benefits that come with receiving medical services through Mercy Maricopa. The benefits described in this section are for members who are receiving behavioral health services through Mercy Maricopa and have a serious mental illness (SMI) determination.

These members are eligible to receive integrated care.

Integrated care
Integrated care is when a member gets physical and behavioral health care and wellness services. Providers that offer integrated care make sure to focus on the whole person. A team of health professionals work to empower members and improve their health and well-being.

Why is integrated care important?
Studies show that people with severe mental illness die, on average, 25 years earlier than the general population. This is because they aren’t getting the health care they need for preventable medical conditions. For example, heart disease, diabetes or infectious diseases. Integrated care provides care for a person’s mind and body.

How does integrated care work?
Fully integrated care means that a member is getting physical health, behavioral health, health promotion and wellness services. Providers may offer these services at one location. These sites are called Integrated Health Homes. To put it simply, integrated care provides a ‘one person, one place, one plan’ approach to care. Integrated care works because it takes away many barriers to care. Some of these barriers are:
• Having to go to many places to get care
• Telling your story many times
• Poor communication among providers

Integrated Health Homes (IHH)
This is a one-stop-shop where a member can see both a primary care provider
and behavioral health provider. The providers work with other health care team members. Other team members can include:

- Registered nurse
- Case manager
- Peer support specialist
- Supported employment specialist
- Counselor

Some IHHS can have other types of providers such as a pharmacist, nutritionist, recreational therapist or health coach. The IHH team will work with the member to identify individual health needs and create a plan to achieve health and wellness

**Co-located practices**

A co-located practice is a site where medical and behavioral health professionals are in the same building. This provides members with easier access to medical services. These providers don’t always share the same health record and may have separate treatment plans. Many of the additional health and wellness services offered in an IHH may not be available in a co-located practice.
<table>
<thead>
<tr>
<th>Covered medical services: All members</th>
<th>Additional covered services members 18, 19, 20 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital care (limitations apply)</td>
<td>• Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)</td>
</tr>
<tr>
<td>• Doctor office visits, including specialist visits</td>
<td>• Outpatient speech, occupational and physical therapy</td>
</tr>
<tr>
<td>• Health risk assessments and screenings</td>
<td>• Conscious sedation</td>
</tr>
<tr>
<td>• Nutritional assessments</td>
<td>• Children’s Rehabilitation Services (CRS) (Limitations apply.)</td>
</tr>
<tr>
<td>• Identification and evaluation of hearing loss</td>
<td>• Additional Services for Qualified Medicare Beneficiaries (QMB)</td>
</tr>
<tr>
<td>• Laboratory visits and X-rays</td>
<td>• Respite services</td>
</tr>
<tr>
<td>• Durable medical equipment and supplies</td>
<td>• Chiropractic services</td>
</tr>
<tr>
<td>• Medications on Mercy Maricopa’s list of covered medicines. Members with Medicare will receive their medications through Medicare Part D.</td>
<td>• Any services covered by Medicare but not by AHCCCS</td>
</tr>
<tr>
<td>• Emergency care</td>
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<tr>
<td>• Follow-up care after an emergency</td>
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<tr>
<td>• Home health services (such as nursing and home health aide) instead of hospitalization</td>
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<tr>
<td>• Nursing home, when used instead of hospitalization, up to 90 days a year</td>
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<tr>
<td>• Inpatient rehabilitation services, including occupational, speech and physical therapy</td>
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<tr>
<td>• Respiratory therapy</td>
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<tr>
<td>• Routine immunizations</td>
<td></td>
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<tr>
<td>• AHCCCS-approved organ and tissue transplants and related prescriptions (Limitations apply.)</td>
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</tr>
<tr>
<td>• Kidney dialysis</td>
<td></td>
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<tr>
<td>• Medically necessary foot care (Limitations apply)</td>
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<tr>
<td>• Foot and ankle services performed by a licensed podiatrist, when the service is ordered by a primary care physician or primary care practitioner.</td>
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<tr>
<td>• Maternity care (prenatal, labor and delivery, postpartum)</td>
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<tr>
<td>• Family planning services</td>
<td></td>
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<tr>
<td>Covered medical services: All members</td>
<td>Additional covered services members 18, 19, 20 years old</td>
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<tr>
<td>-------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>• Pregnancy termination (including Mifepristone [Mifeprex or RU-486]). See Family Planning Services beginning on page 40 for more information. Behavioral health services</td>
<td></td>
</tr>
<tr>
<td>• Medically necessary and emergency transportation</td>
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<tr>
<td>• Medical foods, with limitations</td>
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<tr>
<td>• Urgent care</td>
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<tr>
<td>• Hospice Preventative services which include, but are not limited to, screening services such as cervical cancer screening including pap smear, mammograms, colorectal cancer, and screening for sexually transmitted infections</td>
<td></td>
</tr>
<tr>
<td>• Well-visits (well-exams) such as, but not limited to, well-woman exams, breast exams, and prostate exams, are covered for members 21 years of age and older. Most well-visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age)</td>
<td></td>
</tr>
<tr>
<td>• Incontinence briefs, with limitations</td>
<td></td>
</tr>
</tbody>
</table>
## Services that are limited or not covered

### Medical services NOT covered

<table>
<thead>
<tr>
<th>Members</th>
<th>Other services that are not covered for adults (age 21 and over).</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services from a provider who is NOT contracted with Mercy Maricopa (unless prior approved by the health plan)</td>
<td></td>
</tr>
<tr>
<td>• Cosmetic services or items</td>
<td></td>
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<tr>
<td>• Personal care items such as combs, razors, soap etc.</td>
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<tr>
<td>• Any service that needs prior authorization that was not prior authorized</td>
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</tr>
<tr>
<td>• Services or items given at no cost, or for which charges are not usually made</td>
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<tr>
<td>• Services of special duty nurses, unless medically necessary and prior authorized</td>
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</tr>
<tr>
<td>• Physical therapy that is not medically necessary</td>
<td></td>
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<tr>
<td>• Routine circumcisions</td>
<td></td>
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<tr>
<td>• Services that are determined to be experimental by the health plan medical director</td>
<td></td>
</tr>
<tr>
<td>• Pregnancy termination and pregnancy termination counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy endangers the health of the mother</td>
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</tr>
<tr>
<td>• Hearing aids</td>
<td></td>
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<tr>
<td>• Routine eye examinations for prescriptive lenses or glasses</td>
<td></td>
</tr>
<tr>
<td>• Routine dental services</td>
<td></td>
</tr>
<tr>
<td>• Chiropractic services (except for Medicare QMB members)</td>
<td></td>
</tr>
<tr>
<td>• Outpatient speech and occupational therapy (except for Medicare QMB members)</td>
<td></td>
</tr>
</tbody>
</table>
Members

- Health services if you are in prison or in a facility for the treatment of tuberculosis
- Experimental organ transplants, unless approved by AHCCCS
- Sex change operations
- Reversal of voluntary sterilization
- Medications supplies without a prescription
- Treatment to straighten teeth, unless medically necessary and approved by Mercy Maricopa
- Prescriptions not on our list of covered medications, unless approved by Mercy Maricopa
- Physical exams for qualifying for employment or sports activities.

Other services that are not covered for adults (age 21 and over).

Limited and excluded medical services*

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Service Description</th>
<th>Service Exclusions Or Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin pumps</td>
<td>A machine that is worn to give insulin through the day to a person as needed.</td>
<td>AHCCCS will not pay for insulin pumps. Supplies, equipment maintenance (care of the pump), and repair of pump parts will be paid for.</td>
</tr>
<tr>
<td>Bone-anchored hearing aid</td>
<td>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</td>
<td>AHCCCS will not pay for Bone-Anchored Hearing AID (BAHA). Supplies, equipment maintenance (care if the hearing aid) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions Or Limitations</td>
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</tr>
<tr>
<td>Cochlear implant</td>
<td>A small device that is put in a person’s ear by surgery to help you hear better.</td>
<td>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant), and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Lower limb microprocessor controlled joint/prosthetic</td>
<td>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</td>
<td>AHCCCS will not pay for a lower limb (leg, knee, or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions Or Limitations</td>
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</tbody>
</table>
| Orthotics      | A support or brace for weak joints or muscles. An orthotic can also support a deformed part of the body. | Orthotic devices for members under the age of 21 are provided when prescribed by the member’s primary care provider, attending physician, or practitioner. Orthotic devices are covered for members who are 21 years of age and older when:  
A. The orthotic is medically necessary as the preferred treatment based on Medicare Guidelines, and  
B. The orthotic costs less than all other treatments and surgery procedures to treat the same condition, and  
C. The orthotic is ordered by a Physician (doctor) or Primary Care Practitioner (nurse practitioner or physician assistant).  
Medical equipment may be rented or purchased only if other sources, which provide the items at no cost, are not available. The total cost of the rental must not exceed the purchase price of the item. |
<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Service Description</th>
<th>Service Exclusions Or Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency dental</td>
<td>Emergency services are when you have a need for care immediately like a bad infection in your mouth or pain in your teeth or jaw.</td>
<td>AHCCCS will not cover dental services (including emergency dental services) unless the care needed is a medical or surgical service related to dental (oral) care. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, X-rays, care of fractures of the jaw or mouth, giving anesthesia, and pain medication and/or antibiotics. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck, or head are also covered.</td>
</tr>
<tr>
<td>Service by podiatrist</td>
<td>Any service that is done by a doctor who treats feet and ankle problems.</td>
<td>AHCCCS will not pay for services provided by a podiatrist or podiatric surgeon for adults. Contact your health plan for other contracted providers who can perform medically necessary foot and ankle procedures, including reconstructive surgeries.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions Or Limitations</td>
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</tr>
<tr>
<td>Respite care</td>
<td>Short-term or continuous services provided a temporary break for caregivers and members to take time for themselves.</td>
<td>The number of respite hours available to adults and children under ALTCS benefits or behavioral health services is being reduced from 720 hours to 600 hours within a 12-month period. The 12 months will run from October 1 to September 30 of the next year.</td>
</tr>
<tr>
<td>Transplants</td>
<td>A transplant is when an organ or blood cells are moved from one person to another.</td>
<td>Approval is based on the medical need and if the transplant is on the “covered” list. Only transplants listed by AHCCCS as covered will be paid for.</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>Exercises taught or provided by a Physical Therapist to make you stronger or help improve movement.</td>
<td>The AHCCCS Program allows additional outpatient physical therapy benefit for adult members 21 years of age or older. Currently, all AHCCCS adult members get 15 outpatient physical therapy visits to restore to a level of function. They get an additional 15 visits to attain or acquire a particular skill or a function never learned. The benefit also covers physical therapy sessions to keep a level of function or help get to a level of function. The outpatient physical therapy visits are covered during each benefit year.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Service Description</td>
<td>Service Exclusions Or Limitations</td>
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</tr>
<tr>
<td>Speech therapy</td>
<td>Exercises taught by a Speech Therapist to assist with swallowing and speech.</td>
<td>The AHCCCS Program allows therapy to be covered for all members 21 years of age or older in an inpatient setting including nursing facilities.</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Exercises taught or provided by an Occupational Therapist to make you improve fine motor movements.</td>
<td>The AHCCCS Program allows therapy to be covered for all members 21 years of age or older in an inpatient setting including nursing facilities.</td>
</tr>
</tbody>
</table>

*These services may be available when medically necessary for children up to age 21. If your child’s practitioner thinks these services are needed, the service should be requested from the plan.

**EPSDT dental services**
These are among the dental services covered by EPSDT.

**Emergency dental services including:**
- Treatment for pain, infection, swelling and/or injury
- Extraction of symptomatic (including pain), infected and non-restorable primary and permanent teeth, as well as retained primary teeth (extractions are limited to teeth which are symptomatic)
- General anesthesia, conscious sedation or anxiolysis (minimal sedation, members respond normally to verbal commands) when local anesthesia is contraindicated or when management of the member requires it.

**Preventive dental services, including:**
- Diagnostic services including comprehensive and periodic examinations. Two oral examinations and two oral prophylaxis and fluoride treatments per member per year (i.e., one every six months) for members 12 months to 21 years of age.
- Radiology services screening for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films, as medically necessary and following the recommendations by the American Academy of Pediatric Dentistry.
• Oral prophylaxis performed by a dentist or dental hygienist that includes self-care oral hygiene instructions to member, if able, or to the parent/legal guardian.
• Application of topical fluorides. The use of a prophylaxis paste containing fluoride or fluoride mouth rinses do not meet the AHCCCS standard for fluoride treatment.
• Dental sealants for first and second molars are covered every three years up to 15 years of age, with a two-time maximum benefit. Additional applications must be deemed medically necessary and require PA through the Contractor.
• Space maintainers when posterior primary teeth are lost and when deemed medically necessary through the Contractor’s PA process.

**Therapeutic dental services**

• All therapeutic dental services will be covered when they are considered medically necessary and cost effective. These services include, but are not limited to:
  • Periodontal procedures, scaling/root planing, curettage, gingivectomy, and osseous surgery.

**Crowns**

• When appropriate, stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or
• Precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 to 21 years of age.
• Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar).
• Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations, unless the member is 18 to 21 years of age and has had endodontic treatment.
• Restorations of anterior teeth for children under the age of five, when medically necessary. Children, five years and over with primary anterior tooth decay should be considered for extraction, if presenting with pain or severely
broken down tooth structure, or be considered for observation until the point of exfoliation as determined by the dental provider.

- Removable dental prosthetics, including complete dentures and removable partial dentures.
- Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion. Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other. Orthodontic services are not covered when the primary purpose is cosmetic. Examples of conditions that may require orthodontic treatment include the following:
  - Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services
  - Trauma requiring surgical treatment in addition to orthodontic services, or
  - Skeletal discrepancy involving maxillary and/or mandibular structures.

**Dental services NOT covered by EPSDT**

Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.

You should call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you need a provider directory. You don’t need a referral from your PCP to get dental services. You can choose any general dentist from Mercy Maricopa’s list of contracted dentists and call directly to make an appointment. If you need to change your dentist, just choose a new one from the same list.

**Vision services**

Routine and emergency vision services are covered for integrated health care members 18, 19 and 20 years of age. You do not need a referral from your PCP to get vision services. If you need eye care or glasses, call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to get a list of doctors. Once you choose your eye doctor, call for an appointment.

Coverage for members 21 and over includes emergency and some medically necessary vision services only.
A complete listing of the dental and vision providers is available on the Mercy Maricopa website, www.mercymaricopa.org and in the provider directory. You can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 if you don’t have a Mercy Maricopa Provider Directory.

Paying for services (cost-sharing)
Some people who get AHCCCS Medicaid benefits are asked to pay copayments for some of the AHCCCS medical services that they receive.

*NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

The following persons are not asked to pay copayments:
• People under age 19,
• People determined to be Seriously Mentally Ill (SMI),
• An individual eligible for the Children’s Rehabilitative Services program under A.R.S. §36-2906(E),
• Acute care members who are residing in nursing facilities or residential facilities such as an Assisted Living Home and only when member’s medical condition would otherwise require hospitalization. The exemption from copayments for these members is limited to 90 days in a contract year,
• People who are enrolled in the Arizona Long Term Care System (ALTCS),
• People who are Qualified Medicare Beneficiaries,
• People who receive hospice care,
• American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under Public Law 93-638, or urban Indian health programs,
• People in the Breast and Cervical Cancer Treatment Program (BCCTP),
• People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age,
• People who are pregnant and throughout postpartum period following the pregnancy, and
• Individuals in the adult Group (for a limited time**).
**NOTE:** For a limited time persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for the future. Members will be told about any changes in copays before they happen.

In addition, copayments are not charged for the following services for anyone:
- Hospitalizations,
- Emergency services,
- Family Planning services and supplies,
- Pregnancy related health care and health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women,
- Preventive services, such as well visits, pap smears, colonoscopies, mammograms and immunizations,
- Provider preventable services, and
- Services received in the emergency department.

People with optional (non-mandatory) copayments
Individuals eligible for AHCCCS through any of the programs below may be charged non-mandatory copays, unless:
1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that s/he is unable to pay the copay. Members in the following programs may be charged non-mandatory copay by their provider:
- AHCCCS for Families with Children (1931),
• Young Adult Transitional Insurance (YATI) for young people in foster care,
• State Adoption Assistance for Special Needs Children who are being adopted,
• Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled,
• SSI Medical Assistance Only (SSI MAO) for individual who are age 65 or older, blind or disabled,
• Freedom to Work (FTW).

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling Mercy Maricopa member services. You can also check the Mercy Maricopa website for more information.

AHCCCS members with non-mandatory copays may be asked to pay the following non-mandatory copayments for medical services:

Optional (non-mandatory) copayment amounts for some medical services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$3.40</td>
</tr>
</tbody>
</table>

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay. If you cannot afford your copay, tell your medical provider you are unable to pay these amounts so you will not be refused services.

People with required (mandatory) copayments

Some AHCCCS members have required (or mandatory) copays unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Members with required copays will need to pay the copays in order to get the services. Providers can refuse services to these members if they do not pay
the mandatory copays. Mandatory copays are charged to persons in Families with Children that are no Longer Eligible Due to Earnings - also known as Transitional Medical Assistance (TMA)

Adults on TMA have to pay required (or mandatory) copays for some medical services. If you are on the TMA Program now or if you become eligible to receive TMA benefits later, the notice from DES or AHCCCS will tell you so. Copays for TMA members are listed below.

**Required (mandatory) copayment amounts for persons receiving TMA benefits**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$4.00</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
<td>$3.00</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

Pharmacies and Medical Providers can refuse services if the copayments are not made.

**5% limit on all copayments**

The amount of total copays cannot be more than 5% of the family’s total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.) The 5% limit applies to both nominal and required copays.

AHCCCS Administration will track each member’s specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% of your family’s total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.
Grant-funded support services covered for special populations

Special populations include groups of individuals who are eligible to receive services funded by federal block grants. These federal block grants include the Substance Abuse Block Grant (SABG), Project for Assistance in Transition from Homelessness (PATH) and Mental Health Block Grant (MHBG). SABG Block Grant funds are used for treatment and long-term recovery support services for the following persons, in order of priority:

- Pregnant women/teenagers who use drugs by injection
- Pregnant women/teenagers who use substances
- Other persons who use drugs by injection
- Substance-using women and teenagers with dependent children and their families, including women who are attempting to regain custody of their children

As funding is available, to all other persons with a substance use disorder, regardless of gender or route of use

The PATH Grant provides funds for services to persons or families who:

- Are homeless or at imminent risk of becoming homeless
- Are suffering from serious mental illness
- Have a substance abuse disorder and are suffering from a serious mental illness

Expanded outreach efforts include the following populations:

- Victims of domestic violence
- Elderly individuals
- Families
- Abandoned and/or runaway youth

The PATH Grant provides the following services and assistance:

- Outreach and community education
- Field assessment and evaluations
- Intake assistance/emergent and non-emergent triage
- Transportation assistance
- Hotel vouchers in emergency situations
• Assistance in meeting basic needs (e.g., applications for AHCCCS, SSI/SSDI, food stamps, coordination of health care, etc.)
• Transition into a behavioral health case management system
• Assistance in getting prescriptions filled
• Assistance in locating cooling or heating and water stations during extreme heat and winter alerts
• Moving assistance
• Housing referrals, both transitional and permanent placements

The Mental Health Block Grant (MHBG) provides funds to establish or expand community-based services for Non-Title 19/21 reimbursable mental health services to children with serious emotional disturbances (SED) and adults with serious mental illness (SMI).

**Housing services**

Recovery often starts with safe, decent and affordable housing so that individuals are able to live, work, learn and participate fully in their communities. Safe, stable, and familiar living arrangements are critical to a person’s ability to benefit from treatment and support services.

Supported Housing is a service for individuals determined to have a serious mental illness that helps them find and stay in independent, safe housing. Supported Housing services may include help with rent, gas and electric payments, and help in avoiding eviction. Title 19/21 eligible and Non-Title 19/21 persons determined to have SMI who receive housing services in residential facilities may be asked to help pay for the cost of room and board.

Mercy Maricopa contracts with a large network of providers to meet the needs of our GMH/SA members. There are 43 total providers. The providers cover a range of behavioral health and rehabilitation services. These providers also have resources to help you address your housing needs and they can also help connect with community housing options. Housing services offered include:
• Transitional Housing
• Supportive Housing Subsidies
• Supportive Housing Services
• Move-in Assistance
• Eviction Prevention
• Housing assessments
• Employment and Financial education

If you need help connecting to providers that offer these services, you can call Mercy Maricopa Member Services at **602-586-1841** or toll free **1-800-564-5465**.

End of life care services
Mercy Maricopa Integrated Care’s mission is to provide end of life services that focus on comfort and quality of life for our members. These services are designed to relieve suffering and pain and to achieve the best quality of life possible.

We do that by making sure you and your family members have access to the most up-to-date treatment, information, and other services to help you continue to seek a cure, or to focus on comfort, if you choose. We will help you and your family with advance care planning, palliative (comfort) care and hospice when needed.

Palliative care delivers relief from the pain, symptoms and stress of a serious illness. Hospice care may include home and hospital visits by nurses and social workers, pain management and symptom control, instruction and supervision of a family member, inpatient care, counseling and emotional support.

Above all, you and your family will be treated with respect and dignity. You will have access to additional supports and care management to help you during this difficult time. If you have questions, our Member Services department at **602-586-1841** or toll-free **1-800-564-5465**; (TTY/TDD) **711** is available 24/7. They can direct you to a staff member who can help.

**Referrals (or self-referrals) to see a specialist**

**Behavioral health referrals**
You or your provider may feel that you need specialized care from another
behavioral health provider. If that happens, your provider will give you a “referral” to go to another provider for specialized care.

You can contact Mercy Maricopa or your provider if you feel you need a referral for specialized care. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Medical referrals
Your PCP may refer you to other providers to get special services. A referral is when your PCP sends you to a specialist for a specific problem. A referral can also be to a lab or hospital, etc. Mercy Maricopa may need to review and approve certain referrals and special services first before you can go get the services. Your PCP will know when to get Mercy Maricopa’s approval. If your referral needs to be approved by Mercy Maricopa, your PCP will coordinate the referral and will let you know what is happening.

Medical authorizations
An authorization is an approval from Mercy Maricopa for you to get the special services your PCP has referred you to. Mercy Maricopa may take up to 14 calendar days to approve a standard authorization request and three (3) working days to approve an expedited request. If Mercy Maricopa needs additional information to authorize the request, a 14-day extension may be requested. If Mercy Maricopa does not receive the information they requested from your doctor, Mercy Maricopa must deny the request.

You will receive a Notice of Adverse Benefit Determination letter that explains your rights. If your doctor sends in an expedited authorization request and it does not meet the criteria for an expedited request, Mercy Maricopa will send you a letter and let you know that it will be processed as a standard request. You can file a grievance if you disagree with an extension of time. You can go to the section on grievances beginning on page 57 for more information. If you have questions about whether your service has been authorized, call your PCP. You never need approval from Mercy Maricopa to get emergency services.

Practice guidelines are the standards that Mercy Maricopa providers are
expected to follow when giving our members care. Practice guidelines can be seen by going to www.guideline.gov. If you need help understanding any of these guidelines, you can call Mercy Maricopa and ask to speak to a nurse who can help you. You can contact Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Service coverage for American Indian persons**

American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

This includes receiving services through a Regional Behavioral Health Authority (RBHA) that serves the ZIP code you live in or Tribal Regional Behavioral Health Authority (TRBHA) that serves a specific tribe, Indian Health Services (IHS), and/or 638 tribal facilities with behavioral health programs. If you receive services through a RBHA or TRBHA, those services are paid for through the Arizona Health Care Cost Containment System (AHCCCS). If you’re Title 19/21 (AHCCCS) eligible and receive services through an IHS or 638 tribal facility, AHCCCS pays for those services. Regardless of which agency pays for the services, your RBHA or TRBHA and/or IHS or 638 tribal facilities will coordinate your care to ensure you receive all necessary behavioral health services.

A 638 tribal facility means a facility owned and operated by an American Indian tribe authorized to provide services according to Public Law 93-638, as amended. A 638 tribal facility may not provide all covered behavioral health services, so AHCCCS is responsible for covering certain services:
- Behavioral health services for persons referred off reservation from an IHS or 638 tribal facility
- Emergency services rendered at a non-IHS or non-638 tribal facility to American Indian behavioral health recipients

If you are unsure about your choices or if you have questions about how your behavioral health services are coordinated, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for additional information.
You’re assigned a primary care physician (PCP) from Mercy Maricopa. You’re notified of your PCP and how to change your PCP assignment, if you want to, when you get your identification card. Your PCP is the doctor who will manage your health care. Your PCP will act as “gatekeeper” for your physical health care. This means you will work together with your PCP to determine your health care needs. Your PCP will help figure out if you need to see a specialist or have additional care. Your PCP will work with Mercy Maricopa to find the best provider available to you.

All services, except behavioral health, dental, vision and well-women’s services must be ordered and approved by your PCP. You can get emergency health care services without the approval of your PCP or Mercy Maricopa when you have a medical emergency.

You may get behavioral health services without the approval of your PCP or Mercy Maricopa.

You can see a specialist with a referral from your PCP. In some cases, Mercy Maricopa must also approve your services. Your PCP will let you know which ones these are.

Making the most of your doctor’s visit:
When visiting with your doctor, consider asking the following questions. It may help you better understand your health.
• What do I need to stop doing?
• What do I need to start doing?
• What do I need to keep doing?

Ask your doctor these questions before you leave the office:
• What medications do I need to take (and/or stop taking)?
• When is my next appointment?
• What else do I need to know?
• What do I need to do to get better?
• What foods should I eat?
• What foods should I stop eating?
• Are there any community resources that can help me?

Choosing a provider
Mercy Maricopa will help you choose a provider from within the provider network. If you’d like to select a provider based on convenience, location or cultural preference, you can tell Mercy Maricopa Member Services. You’ll need to contact the provider to make, change or cancel your appointments. You can also contact Mercy Maricopa if you’d like assistance with making, changing, or canceling your appointments. If you need help scheduling your appointments, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

There are three different kinds of care you can get: routine, urgent and emergency. The chart below gives you examples of each type of care and tells you what to do. Always check with your doctor if you have questions about your care.

<table>
<thead>
<tr>
<th>Type of care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine</strong> - This is regular care to keep you healthy. For example:</td>
<td>Call your doctor to make an appointment for preventive care. You can expect to be seen by:</td>
</tr>
<tr>
<td>• Checkups (also known as wellness exams)</td>
<td>• Your PCP within 21 business days</td>
</tr>
<tr>
<td>• Health conditions you have had for a long time</td>
<td>• A specialist or dentist within 45 business days</td>
</tr>
<tr>
<td>• such as asthma, COPD and diabetes</td>
<td></td>
</tr>
<tr>
<td>• Yearly exams</td>
<td></td>
</tr>
<tr>
<td>• Immunizations</td>
<td></td>
</tr>
</tbody>
</table>

*Clinical teams include both Child and Family Teams and Adult Recovery Teams*
<table>
<thead>
<tr>
<th>Type of care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent/sick visit</td>
<td>This is when you need care today, or within the next couple of days, but are not in danger of lasting harm or losing your life. For example:</td>
</tr>
<tr>
<td></td>
<td>• Bad sore throat or earache</td>
</tr>
<tr>
<td></td>
<td>• Flu</td>
</tr>
<tr>
<td></td>
<td>• Migraine headaches</td>
</tr>
<tr>
<td></td>
<td>• Back pain</td>
</tr>
<tr>
<td></td>
<td>• Medication refill or request</td>
</tr>
<tr>
<td></td>
<td>• Sprains</td>
</tr>
<tr>
<td></td>
<td>Call your doctor before going to an urgent care center.</td>
</tr>
<tr>
<td></td>
<td>Look in your Provider Directory to find the center closest to you. You can also look on the Mercy Maricopa website at <a href="https://www.mercymaricopa.org/find-provider">https://www.mercymaricopa.org/find-provider</a>.</td>
</tr>
<tr>
<td></td>
<td>You can also call Mercy Maricopa Member Services 24/7 at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.</td>
</tr>
<tr>
<td></td>
<td>You can expect to be seen by:</td>
</tr>
<tr>
<td></td>
<td>• Your PCP within 2 business days</td>
</tr>
<tr>
<td></td>
<td>• A specialist or dentist within 72 hours</td>
</tr>
<tr>
<td></td>
<td>If it’s late at night or on the weekends, your doctor has an answering service that will get your message to your doctor. Your doctor will call you back and tell you what to do. You should NOT go to the emergency room for urgent/sick care.</td>
</tr>
<tr>
<td>Type of care</td>
<td>What to do</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| **Emergency** - This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. For example:  
  - Poisoning  
  - Deep cuts  
  - Overdose  
  - Broken bones  
  - Car accident  
  - Serious burns  
  - A cut that may need stitches  
  - Trouble breathing  
  - Sudden chest pains–heart attack  
  - Convulsions  
  - Very bad bleeding, especially if you are pregnant  
  - Signs of stroke (numbness/ weakness in face, arm, or leg, trouble seeing with one or both eyes) | **Call 911 or go to the nearest emergency room.**  
**You do not have to call your doctor or Mercy Maricopa first.**  
You do not need Prior Authorization to call **911.**  
If you can, show them your Mercy Maricopa ID card and ask them to call your doctor. |
| **What is not an emergency?**  
Some medical conditions that are NOT usually emergencies include:  
  - Flu, colds, sore throats, earaches  
  - Urinary tract infections  
  - Prescription refills or requests  
  - Health conditions that you have had for a long time  
  - Back pain  
  - Migraine headaches |
Maternity Care Appointments
Initial prenatal care appointments:
• First trimester - within 14 days of request
• Second trimester - within seven days of request
• Third trimester - within 72 hours of request
• High risk pregnancies within 72 hours of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists

Behavioral health care appointments
You should receive an initial assessment within 7 business days of referral or request for service. The first behavioral health service should occur no later than 23 business days after the initial assessment. All ongoing appointments should take place within 45 business days.

Appointments for adopted children and/or children in DCS custody
When a child enters out-of-home placement
• Rapid Response assessment no later than 72 hours after DCS notice that a child has been removed from their home
• Initial evaluation within seven calendar days after referral or request for behavioral health services
• Initial appointment no later than 21 calendar days after the initial evaluation
• Ongoing services should take place no more than 21 calendar days after a need has been identified

If clinically necessary services aren’t provided within 21 calendar days after intake assessment, the adoptive parent or the out-of-home caregiver (e.g., foster parent, kinship or group home) should call the Mercy Maricopa Single Point of Contact. You can reach them at 602-453-8095. You should also call the AHCCCS Clinical Resolution Unit line at 602-364-4558. The caregiver may then contact any AHCCCS-registered providers directly, regardless of whether they are a part of the Mercy Maricopa provider network, to schedule an appointment.

Substance abuse services appointments
If you’re getting substance abuse services that are funded by the Substance Abuse Block Grant (SABG), you have the right to get services from a provider
whose religious character you don’t object to. If you object to the religious character of your substance abuse provider, you can ask for a referral to another provider of substance abuse treatment. You’ll get an appointment with the new provider within 7 days of your request for a referral, or earlier if your behavioral health condition requires it. The new provider must be available to you and provide substance abuse services that are similar to the services that you were receiving at the first provider.

**Contacting your case manager**
If you need to reach your case manager between visits for any reason, you can call your provider or your clinic directly. You may have questions about your services or need to talk with your case manager about how you’re doing. You may want to request new services or ask about community resources. Your provider can help connect you with your case manager. Mercy Maricopa Member Services can also help connect you with your case manager. You can call us at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711**.

**Changing your PCP**
We hope that you stay with one PCP because this will help your doctor get to know you and your health care needs. However, sometimes you may need to change. Some reasons why you may need to change are:

• You do not understand what your PCP says
• You do not feel comfortable talking to your PCP
• Your PCP’s office is too far away

Member Services will help you change your PCP and will send you a letter confirming the change. The change will take place the first of the following month.

Try talking to your PCP first before changing to another PCP. You and your doctor might be able to solve the problem without you having to change. If you decide to change three (3) or more times, Member Services will work with you and your doctor before making any more changes.

**Quick tips about your PCP**

• Your PCP will manage most of your health care services
• Call your PCP if you have questions about referrals
• Know your PCP’s office hours and what to expect for after-hours service
• If you have a problem with your PCP, talk to him/her about it or call Member Services for help
• If you need to change your PCP, call Member Services
• If you want to know more about a particular PCP or dentist, use the phone numbers and/or websites given at the front of the handbook

Making, changing and canceling PCP appointments
If you are seeing your PCP for the first time, call your PCP’s office first to make sure they are accepting new patients and to verify their address. If Mercy Maricopa has assigned a PCP to you, that means they are accepting new patients.
• Call your PCP early in the day to make an appointment
• Tell the staff person your symptoms
• Take your member ID card with you
• If you are a new patient, go to your appointment 15 minutes early
• Let the office know when you arrive

Keep appointments and get there on time. Call your provider’s office ahead of time when you can’t keep your appointments. You may also contact Mercy Maricopa if you would like help making, changing or canceling your appointments. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you need to change or cancel an appointment, call your doctor’s office as soon as you know you cannot make it to your appointment

Person-centered medical home (PCMH)
Would you like to have some help in planning and coordinating your health care needs?

For most people getting their health care needs or their family member’s needs taken care of can be hard to manage. This can be especially difficult when you are helping a close family member. Mercy Maricopa understands and is offering a type of care that might be right for you.
Mercy Maricopa is providing a new way to deliver and coordinate your health care through providers who are using the person-centered medical home (PCMH) care model. This model focuses on you working with a health care team. YOU are the most important person on the health care team. Together with your health care team, your primary care is planned and coordinated for you.

Get more information on why the PCMH model might be right for you.

To find out more about how to participate in a PCMH, you can call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711**.

**Well visits (well exams)**

Well visits (well exams) such as, but not limited to, well-woman exams, breast exams, and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age)

**Early Periodic Screening, Diagnostic and Treatment (EPSDT)**

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C.
1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan.”

This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 29 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 29 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical supplies, prosthetic devices, eyeglasses, transportation, and family planning services. EPSDT also includes diagnostic, screening, preventive and rehabilitative services. However, EPSDT services do not include services that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions.
Women’s services
Female members have direct access to preventive and well care services from a gynecologist within the Contractor’s network without a referral from a primary care provider.

Well-woman preventative care
An annual well-woman preventative care visit is intended for the identification of risk factors for disease, identification of existing medical/mental health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. Female members have direct access to preventive and well care services from a gynecologist with Mercy Maricopa’s network without a referral from a primary care provider.

Benefits of preventative health care
Getting regular check-ups and screenings is an important part of women’s health care. These screenings can find problems before you have any signs. Early diagnosis and treatment will generally result in a better outcome. Focusing on preventing disease and illness before they occur will help improve your health and quality of life.

Description of well-woman preventative care services
The well-woman preventative care visit includes:
• A physical exam (well exam) that assesses overall health
• Clinical breast exam
• Pelvic exam (as necessary, and according to current recommendations and best standards of practice)
• Immunizations, screenings and test as appropriate for your age and risk factors
• Screening and counseling for help maintaining a healthy lifestyle and minimizing health risks. This includes screening about:
• Proper nutrition
• Physical activity
• Elevated Body Mass Index (BMI)
• Tobacco use and/or dependency
• Substance abuse and/or dependency
• Depression
• Interpersonal and domestic violence
• Sexually transmitted infections
• Human Immunodeficiency Virus (HIV)
• Family planning
• Preconception counseling
• Reproductive history
• Sexual practices
• Healthy weight, diet and nutrition
• Physical activity
• Oral health care
• Chronic disease management
• Emotional wellness
• Tobacco and substance abuse, including prescription medications
• Recommended time between pregnancies
• Referrals when further evaluations or treatment are needed
• Information on how to obtain well-woman preventative care services

Call your PCP or gynecologist today and schedule an appointment for a well-woman preventative care visit. This visit is provided at no cost.

**Assistance with scheduling appointments**
If you want to see an OB/GYN doctor, you do not need to see or ask your PCP first. You can find OB/GYN doctors in your provider directory, or by visiting [www.mercymaricopa.org](http://www.mercymaricopa.org). If you need help making a well-woman appointment with your doctor, please call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711

**Maternity and family planning services**
*Maternity services*

If you’re not sure whether you’re pregnant, make an appointment with your PCP for a pregnancy test. As soon as you know you’re pregnant and have chosen your OB doctor or nurse midwife, make an appointment right away. It’s important to make and keep all your appointments during and after your pregnancy. (See page 41 for information on HIV/AIDS testing for pregnant
Your PCP and OB/GYN or certified nurse midwife
Pregnant women need special care. It’s important to start prenatal care within the first trimester or as soon as you know you’re pregnant. If you’re pregnant, you should call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 as soon as possible. We can help you choose an OB/GYN or certified nurse midwife.

You can go directly to a Mercy Maricopa OB doctor for care. You don’t need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care and your OB/GYN will manage your pregnancy care. You can choose to have an OB/GYN as your PCP during your pregnancy.

Your first doctor’s visit: What should you expect?
If you are taking any medicine, tell your doctor or nurse midwife at your first visit. During your first visit, you will have a complete checkup. The doctor or nurse will test your urine and blood to check for:
• Anemia (low iron)
• Tuberculosis (TB)
• High blood sugar (diabetes)
• Infections
• Sexually transmitted infections

Labor
If you’re in labor and need a ride to the hospital, you should call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. We will send you a ride right away. If you need immediate medical care or emergency transportation, call 911.

Postpartum (after you have your baby)
Schedule and keep all of your postpartum visits. Postpartum visits should be scheduled within 60 days after delivering your baby. Also, be prepared when you leave the hospital by making sure you have a car seat to take your baby home in.
**Family planning services**

Family planning services are covered at no cost and are available to men and women of reproductive age. Here are the steps to follow to receive family planning services:

1. Make an appointment with the provider. The provider can be any provider of medical services, such as a primary care physician, nurse practitioner, etc. The provider can be in the Mercy Maricopa network, or they don’t have to be. You do not need a referral for family planning services.
2. When you make the appointment, tell the office you want to talk about getting family planning services and/or supplies.
3. Keep the appointment. Show the provider your ID card.
4. At the appointment, talk about your options for family planning services or supplies.
5. The provider can send the claim for the visit to Mercy Maricopa. You will not be billed for the visit and you do not have to pay a co-pay. If you are asked to pay a co-pay or billed for the visit, you can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 right away.
6. Your provider will tell you how to get the supplies you need. Follow their instructions to get them and to use them.

Covered services/supplies include:

- Contraception counseling
- Birth control pills
- Injectable contraceptives
- IUDS (Intra-uterine devices)
- Subdermal contraceptive implants
- Diaphragms
- Vaginal rings
- Condoms
- Foams and suppositories
- Natural family planning
- Emergency oral contraception - no prior authorization is required
- Medical and lab exams, including ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use
• Hysteroscopic tubal sterilization
• Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies)
• Family planning counseling, including birth spacing

The following are NOT covered family planning services:
• Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
• Pregnancy termination counseling
• Pregnancy terminations and hysterectomies

HIV/AIDS testing
AHCCCS‑enrolled pregnant women should speak with their PCP or OB‑GYN about Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) testing. Women who receive positive test results should also ask about counseling services.

Voluntary, confidential HIV/AIDS testing services are available, as well as counseling for members who test positive. Mercy Maricopa can help. Call Mercy Maricopa Member Services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711 for information about confidential testing and counseling services.

Visiting your OB/GYN doctor when you’re pregnant
How long should it take to get an appointment?
If you think you have a problem with your pregnancy, or have a high risk pregnancy, your doctor will see you within 72 hours after placing your call for an appointment. Your doctor will see you right away in case of an emergency. Otherwise, you will be able to get an appointment within these timeframes:
• First trimester: within 14 days of calling the doctor.
• Second trimester: within 7 days of calling the doctor.
• Third trimester: within 3 days of calling the doctor.

Your first doctor’s visit: What should you expect?
If you are taking any medicine, tell your doctor or nurse midwife at your first visit. During your first visit, you will have a complete checkup. The doctor or
nurse will test your urine and blood to check for:
• Anemia (low iron)
• Tuberculosis (TB)
• High blood sugar (diabetes)
• Infections
• Sexually transmitted infections

**Family planning benefits coverage**
Family planning services are covered at no cost and are available to men and women of reproductive age. Talk to your PCP if you need help with family planning. You do not need to get a referral before choosing a family planning provider.

**Medically necessary pregnancy terminations**
Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:
1. The pregnant member suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.
4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant member by:
   a. Creating a serious physical or behavioral health problem for the pregnant member,
   b. Seriously impairing a bodily function of the pregnant member,
   c. Causing dysfunction of a bodily organ or part of the pregnant member,
   d. Exacerbating a health problem of the pregnant member, or
   e. Preventing the pregnant member from obtaining treatment for a health problem.
Dental home

Mercy Maricopa provides dental services to members who meet all of the following criteria:
• Have a serious mental illness (SMI) diagnosis
• Are members of Mercy Maricopa’s integrated care plan
• Are 18, 19 or 20 years old

If you are eligible for services, you can get care at a dental home. Your dental home is just as important as your medical home. A dental home creates an ongoing relationship between the dentist and you for dental care. It includes all parts of oral health care, and takes care of all your dental needs. It’s delivered in a complete, coordinated and family-centered way.

You will be assigned to a Mercy Maricopa dental home nearest to you. You have the right to choose a dentist of your choice. You can change your dentist at any time, for any reason, by calling Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. If you already have a dentist that you would like to continue to see, you can call Mercy Maricopa Member Services to update our records with the name of your dentist.

You do not need a referral. Two routine/preventative dental visits are covered each year for members 18-20 years of age at no cost to you. The second visit must occur six months and one day after the first visit.

Untreated cavities (decay) and gum disease can lead to some medical illnesses such as heart disease and diabetes.

In addition, untreated gum disease can cause tooth loss, and can create problems with your ability to eat and speak properly.

If you are a woman, and become pregnant, poor oral health may cause your baby to be born too soon and underweight.

**Makings, changing or cancelling dental appointments**
You will need to contact your dentist to make, change or cancel your appointments. You may also contact Mercy Maricopa Member Services if you
would like help making, changing or canceling your appointments. You can contact Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Pharmacy services (after-hours)

Mercy Maricopa network of providers includes pharmacies where you can fill your prescriptions for medications. These include CVS Caremark pharmacies. You can find a list of pharmacies on the Mercy Maricopa website at www.mercymaricopa.org/find-pharmacy.

If you need to get medication from a pharmacy after hours or on a weekend or holiday, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies on the Mercy Maricopa website at www.mercymaricopa.org/find-pharmacy. You can call Mercy Maricopa Member Services if you need help finding an open pharmacy near you.

If you go to a pharmacy that’s on the Mercy Maricopa list to fill a prescription but get turned away by the pharmacy, you should call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Exclusive prescriber program

Mercy Maricopa has an exclusive prescriber program. This program is to better support members who are taking medications that could be dangerous in large amounts and without good communication with the prescribers. You may be enrolled in this program if the following have been true for you in a three month time period:

- You have had four or more prescribers; and
- You have been prescribed four or more different drugs that can be habit forming; and
- You have filled drug prescriptions at four or more pharmacies.

You may also be enrolled in this program if:

- You have received 12 or more prescriptions of habit forming drugs in the past three months.
• You have presented a forged or altered prescription to your pharmacy.

Mercy Maricopa will notify you in writing 30 days before you are enrolled in the exclusive prescriber program.

When you are enrolled in the exclusive prescriber program, Mercy Maricopa will assign you to just one doctor.

This doctor will be responsible for the prescribing and oversight of habit forming drugs. Mercy Maricopa will only pay for habit forming drug prescriptions written by this one doctor. This applies to medications written at discharge from the emergency room.

We will also work with you and the doctors who order your drugs to make sure you are only taking the drugs you need. This will be in effect for up to a 12 month period. We will review your records after 12 months and let you know if the assignment to the doctor will be continued. If you do not agree with this decision, you may submit a written request for a State Fair Hearing.

If you are currently receiving treatment for an active oncology diagnosis, are in hospice care, reside in a skilled nursing facility for custodial care, or if you have Medicare you shall not be subject to the exclusive prescriber program requirements.

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**Getting covered behavioral health services**

We outlined the behavioral health services you can get on page 14. You can get those behavioral health services based on three things:
• Your need
• Your insurance coverage
• Your provider’s approval, if required

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1 Clinical Teams include both Child and Family Teams and Adult Recovery Teams
You decide with your provider or clinical team what services you need. Your provider or clinical team can ask Mercy Maricopa for approval of a service for you. Mercy Maricopa may deny the request for approval. If Mercy Maricopa denies the request for services, you can file an appeal. For more information on filing an appeal, see the section, “Member complaints, grievances and appeals.” (page 57).

You and your provider may not agree about the services you need. If you feel you need a service, and your provider does not, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Arizona’s Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:
1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

The Twelve Principles For The Delivery Of Services To Children:

1. Collaboration with the child and family:
   A. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
   B. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes:
   A. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency,
and become stable and productive adults, and
B. Implementation of the behavioral health services plan stabilizes the
child’s condition and minimizes safety risks.

3. Collaboration with others:
A. When children have multi-agency, multi-system involvement, a joint
assessment is developed and a jointly established behavioral health
services plan is collaboratively implemented,
B. Client-centered teams plan and deliver services, and
C. Each child’s team includes the child and parents and any foster parents,
any individual important in the child’s life who is invited to participate by
the child or parents. The team also includes all other persons needed to
develop an effective plan, including, as appropriate, the child’s teacher,
the child’s DCS and/or DDD caseworker, and the child’s probation officer.
D. The team:
  I. Develops a common assessment of the child’s and family’s strengths
     and needs,
  ii. Develops an individualized service plan,
  iii. Monitors implementation of the plan, and
  iv. Makes adjustments in the plan if it is not succeeding.

4. Accessible services:
A. Children have access to a comprehensive array of behavioral health
services, sufficient to ensure that they receive the treatment they need,
B. Case management is provided as needed,
C. Behavioral health service plans identify transportation the parents and
child need to access behavioral health services, and how transportation
assistance will be provided, and
D. Behavioral health services are adapted or created when they are needed
but not available.

5. Best practices:
A. Behavioral health services are provided by competent individuals who are
trained and supervised,
B. Behavioral health services are delivered in accordance with guidelines
adopted by ADHS that incorporate evidence-based “best practices.”

C. Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class members’ lives, especially class members in foster care, and

D. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting:

A. Children are provided behavioral health services in their home and community to the extent possible, and

B. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

7. Timeliness:

A. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:

A. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and

B. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

¹ Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.
9. Stability:
   A. Behavioral health service plans strive to minimize multiple placements,
   B. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
   C. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
   D. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
   E. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family’s unique cultural heritage:
   A. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
   B. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence:
   A. Behavioral health services include support and training for parents in meeting their child’s behavioral health needs, and support and training for children in self-management, and
   B. Behavioral health service plans identify parents’ and children’s need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
12. Connection to natural supports:
   A. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

1. Respect - Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts - A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports - A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure - A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.
5. Integration, collaboration, and participation with the community of one’s choice - A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust - A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success - A person in recovery - by their own declaration - discovers success, in part, by quality of life outcomes, which may include an improved sense of well being, advanced integration into the community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences - A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery - A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive

1 Clinical Teams include both Child and Family Teams and Adult Recovery Teams
outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

Building a clinical team

After you become eligible for services through Mercy Maricopa, you will develop a “team” to help you identify your behavioral health needs and get behavioral health services. We call these clinical teams. More specifically, Child and Family Teams or Adult Recovery Teams. You can choose a behavioral health clinic. Mercy Maricopa can also assign you to a clinic based on where you live. The clinic is where you receive your primary outpatient mental health services. Some clinics also offer physical health care.

At your initial appointment, you will help identify who you want on your clinical team. The team will work with you on your goals. They will provide ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with you. They’ll also work with those who you want as part of your team. Teams can include family members, guardians, friends, clergy and other supportive people from the community. Many times the assessment that’s done at the first appointment won’t be complete. You’ll be working with members of your team to continue that assessment process. This allows you and your team to always review progress and needs so that you get the best care. Your treatment plan, also called an Individual Service Plan (ISP), should include all the services that you need, such as housing, counseling and transportation. The team should update the plan at least once a year, according to your needs.

Child and Family Team

The Child and Family Team (CFT) is a defined group of people. It includes, at a minimum, the child and his/her family and/or out-of-home caregiver, a behavioral health representative and any individuals important in the child’s life identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, health care providers, coaches, community resource providers, representatives
from religious affiliations. It can also include representatives from other service systems like the Arizona Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD). The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child and the resources needed to develop an effective service plan. People can join or leave the team, as needed, to make sure the child gets the best care.

**Adult Recovery Team**

The Adult Recovery Team is a group of individuals working together who’re actively involved in a person’s assessment, service planning and service delivery by following the Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems. (For more on those principles, see page 46.)

At a minimum, the team consists of the person, their guardian (if applicable), advocates (if assigned) and a qualified behavioral health representative. The team may also include members of the enrolled person’s family; physical health, mental health or social service providers; representatives of other agencies serving the person; professionals representing disciplines related to the person’s needs; or other persons identified by the enrolled person.

You can change your team if you want to. You can create a team that will best support your needs and help you achieve the goals that you’ve set.

**Sharing your information with your family, team**

Your friends and family play an important role your care. They often have important information to share with health care professionals. The treatment team should encourage input from friends and family. Providers should consult with loved ones whenever possible.

In most cases, providers need your permission to share information about your health. Here are some important facts about health care privacy:

Federal privacy law requires people who receive physical or mental health services to sign a Release of Information (ROI) form if they want certain people
to consult with and receive information from their treatment team. This law is the Health Insurance Portability and Accountability Act (HIPAA).

Each provider needs a signed ROI form to share health information.

Inpatient and outpatient providers in the behavioral health system have ROI forms available for their members to sign. Mercy Maricopa also has a form you can sign to allow us to talk with your friends or family. You can get more information by calling Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you want your treatment team to share health information with your friends or family, you must sign an ROI for each provider you see.

**Approval, denial process**

You and your provider or clinical team will work together to make decisions about the services you need. You don’t have to get approval for emergency services needed for an emergency medical condition.

Some services need to be approved before you can get them. Some examples include:

- Non-emergency hospital admission
- Behavioral health inpatient facility
- Behavioral health residential facility
- Home Care Training to Home Care Clients (HCTC)
- Psychological and neuropsychological testing
- Electroconvulsive Therapy (ECT)
- Non emergency out of network single case agreements
- Some physical health services

Your provider or clinical team must ask for approval of these services through Mercy Maricopa’s Prior Authorization Team. If Mercy Maricopa denies, reduces or terminates a Title 19/21-covered service in your service plan, you’ll receive notice and have the right to file an appeal. We describe the process for filing an appeal in the section called, “Appeals for Title 19/21 AHCCCS Eligible Members” (See page 60).
Only a physician trained to treat your condition can deny a service that your provider or clinical team want approved.

Not all services are available to all members. Your provider needs to submit their request for approval for certain services. If they are unsure how to do that, they can call our Provider Relations Department toll-free at 1-866-796-5598 for assistance. If you’d like to see the guidelines used to determine inpatient admission, continued stay and discharge, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If a Title 19/21 covered service included in your Service Plan is denied, reduced or terminated, you will receive notice and have the right to file an appeal. The process for filing an appeal is described in the section called, “Appeals for Title 19/21 AHCCCS Eligible Members” on page 60.

**Title 19/21 eligible persons**

Mercy Maricopa will send you a written notice telling you if they didn’t approve the services your provider or clinical team requested. You’ll get this notice within 14 calendar days of your provider or clinical team asking for approval for a standard approval request, or no later than 72 hours following the receipt of the authorization request, unless an extension is in effect, for an expedited approval request. Expedited means that a decision is needed sooner due to your behavioral health needs.

The timeframes in which the T/RBHA or the provider must give you written notice of their decision about the requested services can be extended for up to 14 calendar days. This means that a decision may take up to 28 calendar days for the standard approval process. The expedited approval process may not take more than 17 calendar days. You, Mercy Maricopa or the provider can ask for more time. If Mercy Maricopa or the provider asks for more time, you’ll get a written notice, called a Notice of Extension of Timeframe for Service Authorization Decision. This notice will tell you why it will take longer.

If you disagree with the extension, you can file a complaint with Mercy Maricopa by calling Mercy Maricopa Member Services at 602-586-1841 or
1-800-564-5465; (TTY/TDD) 711. If Mercy Maricopa doesn’t make a decision about your requested services within the maximum allowable time, including extensions, the request for approval (authorization) shall be considered denied on the date the timeframe expires.

If Mercy Maricopa denies your covered behavioral health services, or terminates, suspends or reduces your services, you’ll get a Notice of Adverse Benefit Determination. The Notice of Adverse Benefit Determination is a written document that will tell you:
• What service(s) will be denied, reduced, suspended or terminated
• The reason the service(s) will be denied, reduced, suspended or terminated and the legal basis for the action
• The date the service(s) will be reduced, suspended or terminated
• About your right to file an appeal
• How to exercise your right to file an appeal
• When and how you can ask for an expedited decision if you file an appeal
• How to ask that your services continue during the appeal process

You’ll get a Notice of Adverse Benefit Determination, 10 days before the effective date, if Mercy Maricopa is reducing, suspending or terminating services you were getting.

If the Notice of Adverse Benefit Determination doesn’t tell you what you asked for, what was decided and why the decision was made in language you can understand, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 For help.

If the Notice of Adverse Benefit Determination is not enough, Mercy Maricopa will issue new Notice of Adverse Benefit Determination. If that Notice of Adverse Benefit Determination still doesn’t give you enough information or address your concerns and Mercy Maricopa doesn’t resolve the issue, you can call AHCCCS Medical Management at 602-417-7000 (or 1-800-654-8713 outside of Maricopa County) to make your complaint. The Notice of Adverse Benefit Determination is also available in other languages and formats if you need it.
Exceptions to the 10-day Notice of Adverse Benefit Determination requirement
• If fraud is suspected, the notice will be sent to you 5 days before the reduction, suspension or termination of services
• If non-emergency inpatient services are terminated before the end of the original authorized period because of the denial of a continued stay request, you’ll be sent a Notice of Adverse Benefit Determination in 2 days.
• If non-emergency inpatient services are terminated at the end of the original authorized period because of the denial of a continued stay request, you’ll be sent a Notice of Adverse Benefit Determination on the last covered day of service.

You may also get a Notice of Adverse Benefit Determination less than 10 days from the effective date if:
• You told your provider on paper that you no longer want services
• Your mail is returned and the provider doesn’t know where you are
• You enter a facility that makes you ineligible for services
• You move and get Medicaid services outside of Arizona
• Your physician prescribes a change in the level of your behavioral health care

**Persons determined to have a serious mental illness**
If you’re a person determined to have a serious mental illness (SMI), you may get notices besides the Notice of Adverse Benefit Determination. This may include a Notice of Decision and Right to Appeal. You would get this notice when:
• The initial determination of serious mental illness is made
• A decision about fees or a waiver from fees is made
• The Assessment, Service Plan or Inpatient Treatment and Discharge Plan are developed or reviewed
• Your Service Plan is changed and any services you have been receiving are reduced, suspended or terminated
• It’s determined that you don’t have a serious mental illness

Based upon the behavioral health services you get, you may get other notices about the Grievance and Appeal process, about your legal rights and about the fact that discrimination isn’t allowed.
You can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 with questions about the approval of services and your notification rights.

**Behavioral health “best practices”**
Both AHCCCS and Mercy Maricopa create and support “best practices” in behavioral health care. Best practices are ways of delivering services to you that - through research and evaluations - have proven helpful to members. You can learn more about these best practices by going to the AHCCCS and Mercy Maricopa websites.

You can find links to Clinical Practice Guidelines and Clinical Practice Protocols online at [https://www.azahcccs.gov/plansproviders/guidesmanualspolicies/guidesandmanuals.html](https://www.azahcccs.gov/plansproviders/guidesmanualspolicies/guidesandmanuals.html).

Mercy Maricopa’s website also includes clinical guidelines for the treatment of children and adults at [www.mercymaricopa.org/providers/resources/guidelines](http://www.mercymaricopa.org/providers/resources/guidelines).

If you’d like to receive this information by mail, you can contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. Best practices change over time. You can refer to the AHCCCS and Mercy Maricopa websites for updates, or contact Mercy Maricopa for more information.

**How to get services: Consent to treatment**
You have the right to accept or refuse behavioral health services offered to you. If you want to get the behavioral health services offered, you or your legal guardian must sign a “Consent to Treatment” form. This form gives you or your legal guardian’s permission for you to get behavioral health services. When you sign a “Consent to Treatment” form, you’re also giving AHCCCS permission to access your records.

To give you certain services, your provider needs to get your permission. Your provider may ask you to sign a form or to give verbal permission to get a specific service. Your provider will give you information about the service so you can decide if you want that service or not.
This is called informed consent. Informed consent means advising a patient of a proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure; alternatives to the treatment surgical procedure, psychotropic drug or diagnostic procedure; associated risks and possible complications; and getting documented authorization, or approval for the proposed treatment, surgical procedure, psychotropic drug or diagnostic procedure from the patient or the patient’s representative.

An example would be if your provider prescribes a medication. Your provider will tell you about the benefits and risks of taking the medication and other options for treatment. Your provider will ask you to sign a consent form or give verbal permission if you want to take the medication. Let your provider know if you have questions or don’t understand the information your provider gave you. You have the right to withdraw your consent at any time. Your provider will explain to you what will happen if you choose to withdraw your consent.

**Consent for Children in the Custody of the Arizona Department of Child Safety**

A foster parent, group home staff or other person or agency in whose care the child has been placed by the Department of Child Safety (DCS) can consent to evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services.

Examples of behavioral health services to which out-of-home caregivers can give consent include:

- Assessment and service planning
- Counseling and therapy
- Rehabilitation services
- Medical Services
- Psychiatric evaluation
- Psychotropic medication
- Laboratory services
- Support Services
- Case Management
- Personal Care Services
• Family Support
• Peer Support
• Respite
• Sign Language or Oral Interpretive Services
• Transportation
• Crisis Intervention Services
• Behavioral Health Day Programs

DCS must consent to inpatient psychiatric acute care services, residential treatment services, therapeutic group homes and Home Care Training to Home Care Client (HCTC).

If someone other than the child’s parent intends to provide general and, when applicable, informed consent to treatment, the following documentation must be obtained and filed in the child’s comprehensive clinical record:

<table>
<thead>
<tr>
<th>Individual/Entity</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal guardian</td>
<td>Copy of court order assigning custody</td>
</tr>
<tr>
<td>Relative</td>
<td>Copy of power of attorney document</td>
</tr>
<tr>
<td>Other person/agency</td>
<td>Copy of court order assigning custody</td>
</tr>
<tr>
<td>DCS Placements (for children removed from the home by DCS), such as:</td>
<td>Copy of Notice to Provider - Educational and Medical (DCS Form FC-069)</td>
</tr>
<tr>
<td>Foster parents/Group home staff/ Foster home staff/Relatives/Other person/agency in whose care DES/DCS has placed the child</td>
<td></td>
</tr>
</tbody>
</table>

The criteria Mercy Maricopa uses to make its decisions on are available upon request.
Restrictions on freedom of choice among providers
Although Mercy Maricopa assigns you a behavioral health providers, you have the freedom to choose your own provider.

You may have to pay for services provided by a provider outside of Mercy Maricopa’s network. And, you may have to pay for non-covered services. Examples of non-covered services may include:
1. A service that your provider did not set up or approve,
2. A service that is not listed on the Available Services Matrix on page 14, or
3. A service that you receive from a provider outside of the provider network without a referral.

Paying for services (cost-sharing)

Copayments
Some people who get AHCCCS Medicaid benefits are asked to pay copayments for some of the AHCCCS medical services that they receive.

*NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

The following persons are not asked to pay copayments:
• People under age 19,
• People determined to be Seriously Mentally Ill (SMI),
  - An individual eligible for the Children’s Rehabilitative Services program under A.R.S. §36-2906(E),
  - Acute care members who are residing in nursing facilities or residential facilities such as an Assisted Living Home and only when member’s medical condition would otherwise require hospitalization. The exemption from copayments for these members is limited to 90 days in a contract year,
  - People who are enrolled in the Arizona Long Term Care System (ALTCS),
  - People who are Qualified Medicare Beneficiaries,
  - People who receive hospice care,
  - American Indian members who are active or previous users of the Indian
Health Service, tribal health programs operated under Public Law 93–638, or urban Indian health programs,
- People in the Breast and Cervical Cancer Treatment Program (BCCTP),
- People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age,
- People who are pregnant and throughout postpartum period following the pregnancy, and
- Individuals in the adult Group (for a limited time**).

**Note: For a limited time persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for the future. Members will be told about any changes in copays before they happen.

In addition, copayments are not charged for the following services for anyone:
- Hospitalizations,
- Emergency services,
- Family Planning services and supplies,
- Pregnancy related health care and health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women,
- Preventive services, such as well visits, pap smears, colonoscopies, mammograms and immunizations,
- Provider preventable services, and
- Services received in the emergency department.
**People with Optional (Non-Mandatory) Copayments**

Individuals eligible for AHCCCS through any of the programs below may be charged non-mandatory copays, unless:

1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

Non-mandatory copays are also called optional copays. If a member has a non-mandatory copay, then a provider cannot deny the service if the member states that s/he is unable to pay the copay. Members in the following programs may be charged non-mandatory copay by their provider:

- AHCCCS for Families with Children (1931),
- Young Adult Transitional Insurance (YATI) for young people in foster care,
- State Adoption Assistance for Special Needs Children who are being adopted,
- Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled,
- SSI Medical Assistance Only (SSI MAO) for individual who are age 65 or older, blind or disabled,
- Freedom to Work (FTW).

Ask your provider to look up your eligibility to find out what copays you may have. You can also find out by calling Mercy Maricopa member services. You can also check [www.mercymaricopa.org](http://www.mercymaricopa.org) for more information.

AHCCCS members with non-mandatory copays may be asked to pay the following non-mandatory copayments for medical services:
**Optional (Non-Mandatory) Copayment Amounts for Some Medical Services**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Outpatient services for physical, occupational and speech therapy</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$3.40</td>
</tr>
</tbody>
</table>

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay. If you cannot afford your copay, tell your medical provider you are unable to pay these amounts so you will not be refused services.

**People with Required (Mandatory) Copayments**

Some AHCCCS members have required (or mandatory) copays unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Members with required copays will need to pay the copays in order to get the services. Providers can refuse services to these members if they do not pay the mandatory copays. Mandatory copays are charged to persons in Families with Children that are no Longer Eligible Due to Earnings - also known as Transitional Medical Assistance (TMA).

Adults on TMA have to pay required (or mandatory) copays for some medical services. If you are on the TMA Program now or if you become eligible to receive TMA benefits later, the notice from DES or AHCCCS will tell you so. Copays for TMA members are listed below.
Required (Mandatory) Copayment Amounts for Persons Receiving TMA Benefits

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$4.00</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
<td>$3.00</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

Pharmacists and Medical Providers can refuse services if the copayments are not made.

**5% Limit on All Copayments**

The amount of total copays cannot be more than 5% of the family’s total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December.) The 5% limit applies to both nominal and required copays.

AHCCCS Administration will track each member’s specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% of your family’s total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.

**Copayments for Non-Title XIX/XXI members**

Non-Title XIX/XXI persons determined to have a Serious Mental Illness (SMI) may have to pay copayments for behavioral health services. The copayment amount is $3. Prior to your appointment for services, Mercy Maricopa or your provider will discuss with you any payments you will have to pay.
If you have Medicare or private insurance, you will pay the $3 copayment for services covered by Mercy Maricopa, or the copayment that your insurance requires (if it is less than $3) for those services. In other words, you will not have to pay a higher payment for Mercy Maricopa covered services, just because you have other insurance. However, if you are getting services through your insurance for services or medications that Mercy Maricopa does not cover (see the Available Services Matrix on page 14); you will be responsible for paying the copayment or other fees that your insurance requires.

You may have to pay for non-covered services. Examples of non-covered services may include:
4. A service that your provider did not set up or approve,
5. A service that is not listed on the Available Services Matrix on page 14, or
6. A service that you receive from a provider outside of the provider network without a referral.

**What to do if you’re billed for a service?**
AHCCCS-eligible persons cannot be billed for covered behavioral health services. If you ask for a service that isn’t a covered benefit and sign a statement agreeing to pay the bill, then you will have to pay the bill. If you receive a bill for a covered behavioral health service, you should immediately call the provider who sent you the bill and give them the Mercy Maricopa billing address:

Mercy Maricopa Integrated Care  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040  

**Can I be billed for services?**
You can get billed for services that are not covered services. Talk to your doctor about payment options before getting any health care services that are not covered. If you ask for a service that is not a covered benefit and sign a statement agreeing to pay the bill, then you will have to pay the bill.

Do not pay the bill yourself.

If you still get bills after giving the provider your health care information,
you can call Mercy Maricopa Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** for help.

Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Maricopa and then to pay you back. If they will not, Mercy Maricopa may be able to help you. You can send your paid receipts to Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Maricopa within six months from the date you received the service.

You should not pay for covered services or medicines after you have joined Mercy Maricopa. We cannot pay you back.

Some members will be required to pay copayments for certain services as described in the “Copayments” sections on pages 52-54. You can call Member Services at **602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711** at any time if you need help with billing issues.

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**The Low Income Subsidy (LIS) Program**

The Social Security Administration (SSA) has a Low Income Subsidy (LIS) Program that will help pay for the costs of the Medicare Part D prescription drug benefit. This program, also known as “extra help,” will pay all or part of the monthly premium, annual deductible and coinsurance. However, the “extra help” does not pay the copayments for Medicare Part D prescription drugs.

If you have both AHCCCS and Medicare, you do not have to apply for the “extra help.” You will get a notice from the Centers for Medicare and Medicaid Services (CMS) telling you that you get the “extra help” and you do not have to apply.

If you are in a Medicare Savings Program (MSP) program, you do not have to apply for the “extra help.” MCS programs include the following:
- QMB Only (Qualified Medicare Beneficiary)
- SLMB Only (Specified Low Income Medicare Beneficiary)
• QI-1 (Qualified Individual)
• Qualified Disabled and Working Individuals (QDWI)

You will also get a notice from CMS telling you that you get the “extra help” and you do not have to apply.

Other persons may be able to get the “extra help.” If your income is below 150% of the Federal Poverty Level (FPL) and you do not have AHCCCS or an MCS program, you have to apply for the “extra help.” You can apply a few ways. The Social Security Administration (SSA) has a paper application in English and Spanish. You can fill out a paper application and mail it to SSA. You can also apply by calling 1-800-772-1213 (TTY: 1-800-325-0778).

Finally, you can apply on-line on the SSA Web site: www.socialsecurity.gov. Online applications are available in 14 languages. If you need help applying for the “extra help,” you can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

If you have other health insurance

Call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to provide Mercy Maricopa with the name, address and phone number of your primary insurance provider. You should also give pharmacies, doctors and hospitals your other health insurance information and your Mercy Maricopa information. Your health care expenses are FIRST paid by your other health insurance. After they pay, Mercy Maricopa will pay its part.

Medicare and health insurance through the Federal Health Insurance Marketplace

You must report any health insurance that you have, other than AHCCCS, to Mercy Maricopa or your provider. This includes Medicare and health insurance obtained using the Federal Health Insurance Marketplace. Persons with health insurance must use the benefits of that health insurance before Mercy Maricopa will pay for services. At times, Mercy Maricopa may pay for the cost.
of copayments for you, while the cost of the covered service is paid for by your
health insurance. This may occur even if you get services outside the Mercy
Maricopa network of providers.

If there are any changes to your health insurance, you must report the change
to Mercy Maricopa or your provider right away. You can reach Member Services
at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Medicare and AHCCCS coverage (dual eligibility)**

Some people have Medicare and AHCCCS health insurance. If you have
Medicare and AHCCCS health insurance, you must tell Mercy Maricopa or
your provider. You may get some services from Medicare providers and some
services from Mercy Maricopa providers. You may have to use Medicare for
some behavioral health services before you can use your AHCCCS health
insurance. If you are in a Medicare Savings Program (MSP) program, your
Medicare copayments, premiums and/or deductibles may be covered for you.
Mercy Maricopa or your provider can help you find out what services Medicare
will cover and what services your AHCCCS health insurance will cover.

Sometimes people with Medicare want to get services from a provider that
does not work with Mercy Maricopa. This is called getting services outside
the Mercy Maricopa network of providers. If you choose to get services from
a provider outside the Mercy Maricopa network, you may have to pay for your
Medicare copayment, premium and/or deductible. This does not apply to
emergency or other prescribed services. Call Mercy Maricopa at 602-586-1841
or 1-800-564-5465; (TTY/TDD) 711 for more information on out of network
providers.

AHCCCS does not pay for prescription drugs available with Medicare Part D
for persons who have AHCCCS and Medicare. Medicare eligible persons must
get their prescription drugs through a Medicare Part D Prescription Drug
Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA–PD). These
plans will pay for both brand name and generic drugs. If you have Medicare,
but you are not enrolled in a Medicare Part D drug plan, AHCCCS will not
pay for any prescription drugs that would be paid for by Medicare Part D.
You may have to pay for your prescription drugs. If you have questions about this change, you can call 1-800-MEDICARE (TTY: 1-877-486-2048) or visit www.medicare.gov. If you want help in picking a plan, you can call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 or visit www.mercymaricopa.org.

Medicare Part D and AHCCCS may not pay for some prescription drugs. Mercy Maricopa can help you get prescription drugs not covered by Medicare Part D. Contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 to ask about getting help with requesting medication from your Medicare Part D plan.

AHCCCS covers drugs that are medically necessary, cost effective and allowed by federal and state law. For AHCCCS recipients with Medicare, AHCCCS does NOT pay for any drugs paid by Medicare or for the cost sharing (coinsurance, deductibles and copayments) for these drugs.

AHCCCS does not pay for barbiturates to treat epilepsy, cancer, or mental health problems or any benzodiazepines for members with Medicare. This is because federal law requires Medicare to pay for these drugs. Some of the common names for benzodiazepines and barbiturates are:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>Xanax</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>Clorazepate Dipotassium</td>
<td>Tranxene</td>
</tr>
<tr>
<td>Chlordiazepoxide Hydrochloride</td>
<td>Librium</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Klonopin</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>Serax</td>
</tr>
<tr>
<td>Temazepam</td>
<td>Restoril</td>
</tr>
<tr>
<td>Flurazepam</td>
<td>Dalmane</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td>Mebaral</td>
<td>Mephobarbital</td>
</tr>
</tbody>
</table>

AHCCCS pays for barbiturates for Medicare members that are NOT used to
treat epilepsy, cancer or chronic mental health conditions.

For information about copayments for drugs that AHCCCS covers, you can read the section about copayments beginning on page 52.

Complaints, grievances and appeals

Complaints are commonly referred to as member grievances. If you have a grievance or problem with a provider or a concern about the quality of care or services you have received, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. We will do our best to answer your questions or help you solve your problem.

Filing a complaint will not affect your health care services. We want to know your concerns. This will help us improve our services to you. You can call Member Services for help with problems with authorizations, covered services, payment for services or quality of services. If you call to report a complaint that isn’t about quality of care, we’ll try to solve it right away.

If you have a quality of care grievance, our Quality Management Department will investigate your grievance. We will send you a letter within 90 days to tell you the result of our investigation.

What is a formal complaint and how do I make one?
A formal complaint (member grievance) is a documented statement that you are not happy with any aspect of your care. Reasons for complaints could include such things as:

• The quality of care or services you got
• A disagreement with the denial to process an appeal as expedited
• The failure of a provider to respect a person’s rights
• A provider or employee of a provider being rude to you
You can make a formal complaint either on the phone or in writing. You can call or write to:

**Mercy Maricopa Member Services**  
**602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711**  
You can call 24 hours a day, 7 days a week

**Mailing address**  
Mercy Maricopa Integrated Care  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040

If you make your complaint by phone, it will be acknowledged at that time. For written complaints, you will be notified that your complaint was received within 5 working days. A decision regarding the results of your complaint must be given to you in a timely manner. Most complaints will be resolved within 10 business days, but in no case longer than 90 calendar days.

If you are not satisfied with how we resolved your matter, you may contact AHCCCS Clinical Resolution Unit at **602-364-4558** for additional review.

**Filing an appeal/complaint when services are denied, reduced, suspended or ended**  
You can file a complaint or an appeal over an action by Mercy Maricopa. An action by Mercy Maricopa means:  
- The denial or limited authorization of a service you or your doctor has asked for  
- The denial of payment for a service, either all or part  
- Failure to provide services in a timely manner  
- Failure to act within certain timeframes for grievances and appeals  
- Denial of a rural member’s request to get services out of the network when Mercy Maricopa is the only health plan in the area  
- The reduction, suspension, or ending of an existing service
Timeframes for denials, reduction, suspension or termination of services

<table>
<thead>
<tr>
<th>Denial of services</th>
<th>Reduction, suspension or termination of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Maricopa doctors must first review and approve member requests for many services. If Mercy Maricopa decides it cannot approve the services, we will write to you within 14 calendar days and tell you why. We’ll let you know why no later than 72 hours for an expedited or quick request. We will also let your doctor know. You can discuss it with your doctor.</td>
<td>If a reduction, suspension or ending of your services happens, we will write to you at least 10 days before the change to let you know.</td>
</tr>
</tbody>
</table>

Notice of Adverse Benefit Determination
Mercy Maricopa will notify you if the requested service cannot be approved, or if a service is reduced, suspended or ended. You’ll get a “Notice of Adverse Benefit Determination” letter. The letter lets you know:
• What action was taken and the reason
• Your right to file an appeal and how to do it
• Your right to ask for a fair hearing with AHCCCS and how to do it
• Your right to ask for an expedited resolution and how to do it
• Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services
• You have the right to request an extension to give us information to help us make a decision
Complaints regarding the Notice of Adverse Benefit Determination
If you receive a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, you can call Mercy Maricopa or file a complaint about the quality of the letter. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

We will look at the letter and, if needed, write a new letter that better explains the action. If you still do not understand the Notice of Adverse Benefit Determination letter, you have the right to contact AHCCCS Medical Management at 602-417-4000 or 1-800-654-8713 outside of Maricopa County.

You have the right, and Mercy Maricopa must reply within 30 days, to your request for a copy of the records used to determine the decision noted in the Notice of Adverse Benefit Determination. The response may be the copy of the record or a written denial that includes the basis for the denial and information about how to seek review of the denial in accordance with 45 CFR Part164. (AMPM 930-1-4).

The criteria that decisions are based on are available upon request.

Appeals process
If you disagree with Mercy Maricopa’s decision noted in the Notice of Adverse Benefit Determination, you may file an appeal either in writing or over the phone. You can call Mercy Maricopa Grievance Department at 602-586-1719 or 1-866-386-5794. Or, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. If you need an interpreter, one will be provided. Mercy Maricopa cannot retaliate against you or your provider for filing an appeal.

You, your representative or a provider acting with your written permission may file an appeal within 60 days from the date of your denial, suspension, reduction or termination letter (notification letter). To file an appeal, you can call Mercy Maricopa Grievance Department at 602-586-1719 or 1-866-386-5794. Or, you can call Mercy Maricopa Member Services at
**602-586-1841** or **1-800-564-5465**; (TTY/TDD) **711**. You can also send a letter to:

**Mercy Maricopa**  
Attn: Grievance and Appeals  
Mercy Maricopa Integrated Care  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040  

When Mercy Maricopa gets your appeal, we will send you a letter within 5 working days. We will let you know that we have received your appeal and how you may give us more information - in person or writing. If you wish services to continue while your appeal is reviewed, you must file your appeal no later than 10 days from the date of Mercy Maricopa’s Notice of Adverse Benefit letter to you.

The Appeals Department will review your appeal and send a decision in writing to you within 30 days. The letter will tell you what Mercy Maricopa’s decision and the reason for the decision. If Mercy Maricopa denies your appeal, then you may request a fair hearing with AHCCCS by following the steps described in our decision letter to you.

If you request a hearing, AHCCCS will send you information on your next steps. Mercy Maricopa will forward its file and documentation to AHCCCS at the Office of Administrative Legal Services.

After the hearing, if AHCCCS decides that Mercy Maricopa’s decision was correct, then you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that Mercy Maricopa’s decision was incorrect, then Mercy Maricopa will approve and promptly provide the services.
**Request for expedited appeal resolution**
You may file an appeal within 60 days from the date of your notification letter and request that Mercy Maricopa review its action no later than 72 hours (expedited resolution). You may request an expedited resolution by writing or calling Mercy Maricopa at the address and number listed under “Appeals Process.” If you file your request within 10 days from receiving the letter from Mercy Maricopa, then you may request that your services be continued during your appeal.

Developmentally Disabled members should file their request for expedited resolution directly with Mercy Maricopa. If Mercy Maricopa decides that it’s not medically necessary to issue a decision in 72 hours from the day we receive your appeal, your appeal will be resolved within the standard 30 days. We will try and call you to let you know we will follow the standard 30-day process, and we will send you a written notice within 2 calendar days. If Mercy Maricopa denies your request for services, you may request a fair hearing with AHCCCS by following the steps in your decision letter.

If after the hearing AHCCCS decides that Mercy Maricopa’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed.

**Complaints, grievances and appeals for different populations**

**Members eligible for Title 19/21 services**
**Appeals for Title 19/21 AHCCCS eligible members**
If you are Title 19/21 AHCCCS eligible, you have the right to ask for a review of the following actions:
- The denial or limited approval of a service asked for by your provider or clinical team
- The reduction, suspension, or termination of a service that you were receiving
- The denial, in whole or part, of payment for a service
- The failure to provide services in a timely manner
- The failure to act within timeframes for resolving an appeal or complaint
• The denial of a request for services outside of the provider network when services are not available within the provider network

**What happens after I file an appeal?**
As part of the appeal process, you have the right to give evidence that supports your appeal. You can provide the evidence to Mercy Maricopa or AHCCCS in person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process, as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Maricopa. The evidence you give to Mercy Maricopa or AHCCCS will be used when deciding the resolution of the appeal. You can contact Mercy Maricopa at **602-586-1841 or 1-800-564-5465**; (TTY/TDD) **711**.

**How is my appeal resolved?**
Mercy Maricopa or AHCCCS must give you a decision, called a Notice of Appeal Resolution, in person or by certified mail within 30 days of getting your appeal for standard appeals, or, for expedited appeals, no later than 72 hours. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which the RBHA or AHCCCS must give you the Notice of Appeal Resolution may be extended up to 14 days. You, Mercy Maricopa or AHCCCS can ask for more time in order to gather more information. If Mercy Maricopa or AHCCCS asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:
• The results of the appeal process and
• The date the appeal process was completed
If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:

- How you can ask for a State Fair Hearing
- How to ask that services continue during the State Fair Hearing process, if applicable
- The reason why your appeal was denied and the legal basis for the decision to deny your appeal
- That you may have to pay for the services you get during the State Fair Hearing process if your appeal is denied at the State Fair Hearing

**What can I do if I am not happy with my appeal results?**

You can ask for a State Fair Hearing if you are not happy with the results of an appeal. If your appeal was expedited, you can ask for an expedited State Fair Hearing. You have the right to have a representative of your choice assist you at the State Fair Hearing.

**How do I ask for a State Fair Hearing?**

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. This includes both standard and expedited requests for a State Fair Hearing. Requests for State Fair Hearings for decisions issued by Mercy Maricopa should be mailed to:

**Mercy Maricopa Integrated Care**
Attn: Grievance and Appeals
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Instructions for appealing a decision issued by AHCCCS will be contained in the Notice of Appeal Resolution.

**What is the process for my State Fair Hearing?**

You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:

- The time, place and nature of the hearing
- The reason for the hearing
• The legal and jurisdictional authority that requires the hearing
• The specific laws that are related to the hearing

**How is my State Fair Hearing resolved?**
For standard State Fair Hearings, you will receive a written AHCCCS Director’s Decision no later than 90 days after your appeal was first filed. This 90-day period does not include:
• Any timeframe extensions that you have requested
• The number of days between the date that you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

The AHCCCS Director’s Decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

For expedited State Fair Hearings, you will receive a written AHCCCS Director’s Decision within 3 business days after the date that AHCCCS receives your case file and appeal information from Mercy Maricopa. AHCCCS will also try to call you to notify you of the AHCCCS Director’s Decision.

**Will my services continue during the Appeal/State Fair Hearing process?**
You may ask that the services you were already getting continue during the appeal process or the State Fair Hearing process. If you want to keep getting the same services, you must ask for your services to be continued in writing. If the result of the appeal or State Fair Hearing is to agree with the action to either end or reduce your services, you may have to pay for the services received during the appeal or State Fair Hearing process.

**Members determined SMI**
The SMI Grievance/Request for Investigation process applies only to adult persons who have been determined to have a serious mental illness and to any behavioral health services received by the member.

You can file a Grievance/Request for Investigation if you feel:
• Your rights have been violated
• You have been abused or mistreated by staff of a provider
• You have been subjected to a dangerous, illegal, or inhumane treatment environment
You have 12 months from the time that the rights violation happened to file an SMI Grievance/Request for Investigation having to do with any behavioral health services that you received. You may file a Grievance/Request for Investigation orally or in writing. Grievance/Request for Investigation forms are available at Mercy Maricopa and providers of behavioral health services. You may ask staff for help in filing your grievance.

Contact the following to make your oral or written Grievance/Request for Investigation:
Mercy Maricopa Grievance System Department, **602-586-1719** or **1-866-386-5794**

To file a written appeal, mail the appeal to:

Mercy Maricopa Integrated Care
Attn: Grievance and Appeals
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Grievances concerning physical abuse, sexual abuse or a person’s death are investigated by AHCCCS. To file an oral or written grievance concerning physical abuse, sexual abuse or a person’s death, contact:

AHCCCS Office of Grievance and Appeals
801 E. Jefferson, MD 6200
Phoenix, AZ 85034

You can also call AHCCCS Office of Grievance and Appeals at **602-417-7000**. Or, you can call the AHCCCS Clinical Resolution Unit at **602-364-4575**. Deaf or hard of hearing individuals may call the Arizona Relay Service at **711** or **1-800-367-8939** for help contacting AHCCCS.

AHCCCS or Mercy Maricopa will send you a letter within 5 days of getting your Grievance/Request for Investigation form. This letter will tell you how your Grievance/Request for Investigation will be handled.

If there will be an investigation, the letter will tell you the name of the
investigator. The investigator will contact you to hear more about your Grievance/Request for Investigation. The investigator will then contact the person that you feel was responsible for violating your rights. The investigator will also gather any other information they need to determine if your rights were violated.

Within 35 days of an investigator being assigned, unless an extension has been asked for, you will get a written decision of the findings, conclusions and recommendations of the investigation. You will also be told if you have the right to appeal the decision if you do not agree with the conclusions of the investigation. The written decision of the findings will tell you how to file an appeal of Mercy Maricopa’s findings to AHCCCS. This is called an administrative appeal.

AHCCCS will send you a letter regarding their findings. If you disagree with AHCCCS’ findings regarding Mercy Maricopa’s SMI Investigation, you may request a State Fair Hearing. AHCCCS’ decision letter will tell you how to request a State Fair Hearing.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer. Mercy Maricopa’s providers are prohibited from any acts of retaliation as a result of you filing a request for SMI Investigation.

**Appeals for members determined to have a serious mental illness**

A serious mental illness (SMI) is a mental disorder in persons 18 years of age or older that’s severe and persistent. Crisis Response Network (CRN), a provider that has a contract with Mercy Maricopa Integrated Care, will make a determination of serious mental illness upon referral or request.

Members asking for a determination of serious mental illness and members who have been determined to have a serious mental illness can appeal the result of a serious mental illness determination.

CRN will send you a letter by mail to let you know what the final decision on your SMI determination is. This letter is called a Notice of Decision. The letter will include information about your rights and how to appeal the decision. To
file an appeal, you can call CRN at 1-855-832-2866.

Persons who have been determined to have a serious mental illness can also appeal certain aspects of their treatment plan.

Persons determined to have a serious mental illness may also appeal the following adverse decisions:
• A decision regarding fees or waivers

The assessment report, and recommended services in the service plan or individual treatment or discharge plan
• The denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title 19/21 funds¹
• Capacity to make decisions, need for guardianship or other protective services or need for special assistance

**What happens after I file a SMI appeal?**

If you file an appeal, you will get written notice that your appeal was received within 5 working days of Mercy Maricopa’s receipt. You will have an informal conference with the RBHA within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least two working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of Mercy Maricopa’s receipt, and the informal conference must occur within 2 working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You
may waive the second level informal conference and proceed to a State Fair Hearing, however. If you waive the second level informal conference with AHCCCS, Mercy Maricopa will assist you in filing a request for State Fair Hearing at the conclusion of the Mercy Maricopa informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.

**Will my services continue during the appeal process?**
If you file an appeal you will continue to get any services you were already getting unless a qualified clinician decides that reducing, terminating services is best for you, or you agree in writing to reducing or terminating services. If the appeal is not decided in your favor, Mercy Maricopa may require you to pay for the services you received during the appeal process.

**Non‑Title 19/21 and Non‑SMI members**

**Filing complaints for Non‑Title 19/21 and Non‑SMI members**
If you are Non‑Title 19/21 (AHCCCS) eligible and not determined to have serious mental illness, you may file a complaint related to decisions about behavioral health services you need that are available through Mercy Maricopa.

**Appeals for members who aren’t determined to have serious mental illness and aren’t Title 19/21 eligible**
If you are Non‑Title 19/21 (AHCCCS) eligible and not determined to have serious mental illness, you may appeal actions or decisions related to decisions about behavioral health services you need that are available through Mercy Maricopa.

**What happens after I file an appeal?**
As part of the appeal process, you have the right to give evidence that supports your appeal. You can give the evidence to Mercy Maricopa or AHCCCS in
person or in writing. In order to prepare for your appeal, you may examine your case file, medical records, and other documents and records that may be used before and during the appeal process as long as the documents are not protected from disclosure by law. If you would like to review these documents, contact your provider or Mercy Maricopa. The evidence you give to the Mercy Maricopa or AHCCCS will be used when deciding the resolution of the appeal. You can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**How is my appeal resolved?**

Mercy Maricopa or AHCCCS must give you a Notice of Appeal Resolution in person or by certified mail within 30 days of getting your appeal. The Notice of Appeal Resolution is a written letter that tells you the results of your appeal.

The time frames in which Mercy Maricopa or AHCCCS must give you the Notice of Appeal Resolution may be extended up to 14 days. You, Mercy Maricopa or AHCCCS can ask for more time in order to gather more information. If Mercy Maricopa or the provider asks for more time, you will be given written notice of the reason for the delay.

The Notice of Appeal Resolution will tell you:
- The results of the appeal process
- The date the appeal process was completed

If your appeal was denied, in whole or in part, then the Notice of Appeal Resolution will also tell you:
- How you can request a State Fair Hearing
- The reason why your appeal was denied and the legal basis for that decision

**What can I do if I am not happy with my appeal results?**

You can ask for a State Fair Hearing if you are not happy with the results of an appeal.

**How do I ask for a State Fair Hearing?**

You must ask for a State Fair Hearing in writing within 30 days of getting the Notice of Appeal Resolution. Requests for State Fair Hearings should be mailed
to:

Mercy Maricopa Integrated Care  
Attn: Grievance and Appeals  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040

Instructions for appealing a decision issued by AHCCCS will be contained in the Notice of Appeal Resolution.

What is the process for my State Fair Hearing?  
You will receive a Notice of State Fair Hearing at least 30 days before your hearing is scheduled. The Notice of State Fair Hearing is a written letter that will tell you:
• The time, place and nature of the hearing  
• The reason for the hearing  
• The legal and jurisdictional authority that requires the hearing  
• The specific laws that are related to the hearing

How is my State Fair Hearing resolved?  
For standard State Fair Hearings, you will receive a written decision from the AHCCCS director’s decision no later than 90 days after your appeal was originally filed. This 90-day period does not include:
• Any timeframe extensions that you have requested  
• The number of days between the date you received the Notice of Appeal Resolution and the date your request for a State Fair Hearing was submitted

The AHCCCS director’s decision will tell you the outcome of the State Fair Hearing and the final decision about your services.

Opt-out process  
Members who are determined to have a Serious Mental Illness and who are enrolled in one plan for both physical health and behavioral health services may request a different plan for their physical health services. This is called an opt-out process. A member can only request to opt-out for certain reasons. To
ask for an opt-out, the member must show harm or unfair treatment in:
1. Getting healthcare,
2. Receiving quality healthcare,
3. Protecting member privacy and rights, or
4. Choosing a provider.

If you would like to ask for an opt-out, contact member services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711. They’re available 24 hours a day, 7 days a week.

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**Member’s behavioral health rights and responsibilities**

As a Mercy Maricopa member you have certain rights and responsibilities. Below is a list of those rights and responsibilities. It’s important that you understand each one. If you would like to talk to someone about these rights and responsibilities, you can contact Member Services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711.

You have the right to:
• File a complaint, grievance or appeal about AHCCCS, Mercy Maricopa and/or Mercy Maricopa’s providers without penalty. You can call Mercy Maricopa Member Services at 602‑586‑1841 or 1‑800‑564‑5465; (TTY/TDD) 711.
• Request information about the structure and operation of Mercy Maricopa or its providers
• Request information on whether or not we use physician incentive plans (PIP), including the plan’s effect on the use of referral services, the types of compensation arrangements the plan uses, whether stop-loss insurance is required and a summary of the member survey results, in accordance with PIP regulation.
• Be treated fairly and with respect regardless of your race, ethnicity, national origin, religion, mental or physical disability, gender, sex, age, sexual orientation, ability to pay or ability to speak English.
• Know about health care privacy
  - There are laws about who can see your behavioral health information with or without your permission. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.
  - There may be times that you want to share your behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information Form, which states that your medical records, or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

• Know about limits to confidentiality
  There are times when we cannot keep information confidential. The law doesn’t protect the following information:
  - If you commit a crime or threaten to commit a crime at the provider’s office or clinic against any person who works there, the provider must call the police.
  - If you’re going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
  - We must also report suspected child abuse to local authorities.
  - If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We’ll only share information necessary to keep you safe.

• There are other times when providers can share certain health information with family members and others involved in your care. For example, if:
  - You verbally agree to share the information.
  - You have an opportunity to object to sharing information, but don’t object. For example, if your allow someone to come into an exam room during an appointment, the provider can assume that you don’t object to sharing information during that visit.
  - It’s an emergency, or you don’t have the capacity to make health care decisions, and the provider believes disclosing information is in your best
interest.
- The provider believes you’re a serious and imminent threat to your health or safety, or someone else’s health and safety.
- The provider uses the information to notify a family member of the member’s location, general condition or death.
- The provider is following other laws requiring they share information.

• To help arrange and pay for your care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
  - Physicians and other agencies providing health, social, or welfare services
  - Your medical primary care provider
  - Certain state agencies and schools following the law, involved in your care and treatment, as needed
  - Members of the clinical team¹ involved in your care

• At other times, it may be helpful to share your behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. Your written permission may be required before your information is shared.

• Get a second opinion from a qualified health care professional within the network, or have a second opinion arranged outside of the network at no cost to you if there are no other in-network options. For more information, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

• Receive information on treatment options and alternatives, appropriate to your condition, in a way that you are able to understand. It should also be shared with you in a way that allows you to participate in decisions about your health care.

• Be informed about advance directives

• Prepare an advance directive and know how to have medical decisions made for you if you are not able to make them for yourself.

More about advance directives
An advance directive tells a person’s wishes about what kind of care he or she does or does not want to get when the person cannot make decisions because of his or her illness.
A medical advance directive tells the doctor a person’s wishes if the person cannot state his/her wishes because of a medical problem.

A mental health advance directive tells the behavioral health provider a person’s wishes if the person cannot state his/her wishes because of a mental illness.

One type of a mental health advance directive is a Mental Health Care Power of Attorney that gives an adult person, not under legal guardianship, the right to name another adult person to have the ability to make behavioral health care treatment decisions on his or her behalf.

The person named is called the designee, may make decisions on behalf of the adult person if she or he cannot make these types of decisions.

The designee, however, must not be a provider, directly involved with the behavioral health treatment of the adult person at the time the Mental Health Care Power of Attorney is named.

The designee may act in the “designee” capacity until his or her authority is revoked by the adult person a legal guardian, or by court order.

The designee has the same right as the adult person to get information, to review the adult person’s medical records about possible behavioral health treatment, and to give consent to share the medical records.

The designee must follow the wishes of the adult person, or a legal guardian, as stated in the Mental Health Care Power of Attorney. If, however, the adult person’s wishes are not stated in a Mental Health Care Power of Attorney and are not known by the designee, the designee must act in good faith and consent to treatment that she or he believes to be in the adult person’s best interest. The designee may consent to admitting the adult person to a behavioral health inpatient facility licensed by the Department of Health Services if this authority is stated in the Mental Health Care Power of Attorney.

In limited situations, some providers may not want to do what your advance directive says. This might be because it bothers their conscience. If your
behavioral health provider doesn’t uphold advance directives as a matter of conscience, they must give you written policies that:
• State institution-wide conscience objections and those of individual physicians
• Identify the law that permits such objections
• Describe the range of medical conditions or procedures affected by the conscience objection

Your provider cannot discriminate against you because of your decision to make or not make an advance directive. If you want to find out whether or not a provider in the Mercy Maricopa network doesn’t uphold aspects of advance directives, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

Tell your family and providers if you have made an advance directive. Give copies of the advance directive to:
• All providers caring for you, including your primary care provider (PCP)
• People you have named as a Medical or Mental Health Care Power of Attorney
• Family members or trusted friends who could help your doctors and behavioral health providers make choices for you if you cannot do it

Contact Mercy Maricopa Member Services to ask more about advance directives or for help with making one. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for Deaf and Hard of Hearing members.

Your rights to your health records
You have the right to see the information in your medical record. You can request and receive a copy of your record annually at no cost to you. You can also inspect your health record at no cost.

Contact your provider or Mercy Maricopa to ask to see or get a copy of your medical record. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

You must receive a response to your request for your medical records within
30 days. If you receive a written denial to your request, you’ll be provided with information about why your request to obtain your medical record was denied. You’ll also be told how you can seek a review of that denial.

You can also request changes to the record if you don’t agree with its contents. You can reach Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 for help.

**Your rights to care and information**

You have the right to:

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Receive information on beneficiary and plan information.
- Be treated with respect and with due consideration for his or her dignity and privacy.
- Participate in decisions regarding his or her health care, including the right to refuse treatment.
- Know about providers who speak languages other than English.
- Use any hospital or other setting for emergency care.
- The same civil and legal rights as anyone else.
- Get your services in a safe environment.
- Get behavioral and medical services that support your personal beliefs, medical condition and background in a language you understand.
- Get interpretation services at no cost to you if you don’t speak English or have a hearing impairment. You may ask for materials in other formats. Call Member Services for assistance at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
- Choose a provider within the Mercy Maricopa Provider Network and change your assigned providers.
- Have your protected health information kept private, unless there is a reason to share your health information (see page 66 for limits to confidentiality).
- You also have the right to request an updated member handbook annually and a current provider directory at any time and at no cost to you. To request any of this information, contact Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
- Decide who you want with you during treatment and agree to or refuse
treatment services, unless the services are court ordered
• Know the cost for a service that you choose but Mercy Maricopa doesn’t cover
• Receive, inspect and amend your medical records at no cost to you (see page 66 for more information).

Your responsibilities as a member
• Respect the doctors, pharmacists, staff and people providing services to you.
• Share information
• Show your member ID card or identify yourself as a Mercy Maricopa member to health care providers before getting services. If you have other insurance in addition to Mercy Maricopa, show your doctor or pharmacist both insurance ID cards.
• Ask your doctor to explain if you don’t understand your health condition or treatment plan.
• Tell your doctors and/or your case manager about any other insurance you may have and apply for other benefits you may be eligible for.
• Give your doctors and case manager all the facts about your health problems, past illnesses, hospital stays, all medications, shots and other health concerns.
• Notify Mercy Maricopa any time you feel a provider or another member isn’t using health plan benefits correctly. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
• Report changes such as your family size, address, telephone number and/or assets and other matters that could affect your eligibility to your case manager, Mercy Maricopa Member Services and/or the interviewer at the office where you applied for AHCCCS. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.
• Participate in recovery
• Know the name of your doctors and/or your case manager.
• Participate in creating your Service Plan.
• Follow the instructions that you and your doctors have agreed on, including the instructions of nurses and other health care professionals.
• Schedule appointments during office hours when possible, instead of using urgent or emergency care.
• Keep appointments and come on time. Call your PCP’s office ahead of
time when you cannot keep your appointments. You may also contact Mercy Maricopa if you would like help making, changing or canceling your appointments. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Title 19/21 eligible persons are also responsible for:**
- Protecting your identification (ID) card
- Not misusing your ID card, including loaning, selling or giving your card to others, which may result in the loss of your eligibility or legal action
- Keeping, not discarding, your ID card

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### Designated representative or an advocate

Advocating for your rights can be hard work. Sometimes it helps to have a person with you to support your point of view. If you’ve been determined to have a serious mental illness, you have the right to have a designated representative help you in protecting your rights and voicing your service needs.

**Who is a designated representative or advocate?**
- A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, an advocate from the State Protection and Advocacy system or any other person who may help you protect your rights and voice your service needs.

**When can a designated representative help me?**
- You have the right to have a designated representative help you protect your rights and voice your service needs during any meetings about your Service Plan or Inpatient Treatment and Discharge Plan. Your designated representative must also receive written notice of the time, date and location of Service Plan and Inpatient Treatment and Discharge Plan meetings. Your designated representative must be invited to the Individual Treatment and Discharge Plan meetings.
- You have the right to have a designated representative help you file an appeal about decisions affecting your treatment, your Service Plan or Inpatient Treatment and Discharge Plan. You also have the right to have your
representative attend the informal conference or administrative hearing with you to protect your rights and voice your service needs.

- You have the right to have a designated representative help you file a grievance. A designated representative may also go to the meeting with the investigator, the informal conference or an administrative hearing with you to protect your rights and voice your service needs.

**How can I designate a representative?**

- If you have questions about designated representatives, or if you would like to designate a representative, you can call Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711, or the AHCCCS Office of Human Rights at 602-364-4585 or 1-800-421-2124. Deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS.

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**Fraud and abuse**

Fraud is defined by Federal law (42 CFR 455.2) as “an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.”

It is considered fraud if a member or provider is dishonest in order to:

- Get a service not approved for the member
- Get AHCCCS benefits that they aren’t eligible for

Examples of member fraud are:

- Letting someone else use your Mercy Maricopa ID card
- Getting prescriptions with the idea of abusing or selling drugs
- Changing information on your Mercy Maricopa ID card
- Changing information on a prescription

Examples of provider fraud are:

- Falsifying claims or encounters, such as double billing or submitting false data
- Performing administrative or financial actions, such as kickbacks or falsifying credentials

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Mercy Maricopa Integrated Care
• Falsifying services, such as billing for services not provided, or substituting services
• Ordering services that are not medically necessary
• Referring members to an emergency room or other service when it is not medically necessary

Abuse is defined by Federal law (42 CFR 455.2) as “provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.”

Examples of member abuse:
• Going to the emergency room when there is not an emergency
• Loaning or selling your Mercy Maricopa ID or the information on it to someone else

Example of provider abuse:
• Prescribing a more expensive item or treatment than necessary
• Failing to maintain adequate records - medical or financial
• Refusing to allow access to medical records

Fraud and abuse also means loaning, selling or giving your member ID card to someone, inappropriate billing by a provider, or any action intended to defraud the AHCCCS program. Fraud and abuse are felony crimes and are punishable by criminal and/ or civil legal action against the member or provider.

For all AHCCCS members who have an Arizona driver’s license or a state-issued Identification (ID) card, AHCCCS will get their picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers use the online member verification tool and enter a member’s social security number, the member’s picture, if available from MVD, will be shown on the verification screen along with other AHCCCS coverage information. The picture will help providers to quickly confirm the member’s identity.
If you think a person, a member or provider is committing fraud or program abuse, contact:
• Mercy Maricopa Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 or https://www.mercymaricopa.org/fraud-abuse
• AHCCCS Member Fraud Line at 602-417-4193 or 1-888-487-6686 or https://azahcccs.gov/Fraud/reportfraud/
• AHCCCS Provider Fraud Line at 602-417-4045 or 1-888-487-6686 or https://azahcccs.gov/Fraud/reportfraud/
• D/deaf or hard of hearing individuals may call the Arizona Relay Service at 711 or 1-800-367-8939 for help contacting AHCCCS

Quitling tobacco

Many people have quit smoking through the programs offered by the Arizona Smokers Helpline (Ashline). You can call the Ashline for information and other resources available at Tobacco Free Arizona. The Ashline has several valuable no cost resources, including Quit Coaching.

If you want more information to help quit tobacco, you can call the Arizona Smokers Helpline (Ashline) at 1-800-556-6222, or visit www.ashline.org. You can also talk to your PCP. The Ashline offers information to help protect you and your loved ones from second hand smoke.
• Ashline: 1-800-556-6222
  Website: www.ashline.org
• Tobacco Free Arizona
  Website: www.azdhs.gov/tobaccofreeaz/

Community resources

There are local and national organizations that provide resources for persons with behavioral health needs, family members and caretakers of persons with behavioral health needs. Some of these are:

The Arizona Health Care Cost Containment System (AHCCCS)
The Arizona Health Care Cost Containment System (written as AHCCCS
and pronounced ‘access’) is Arizona’s Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs.

**AHCCCS**
801 E. Jefferson, MD 6200
Phoenix, AZ 85034
Phone: 602-417-7000
Website to apply/review AHCCCS coverage: [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)

**Health-e-Arizona PLUS**
Health-e-Arizona is a secure and easy to use website open 24 hours a day/7 days a week. It allows you to apply for AHCCCS Health Insurance, Kidscare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. Health-e-Arizona allows individuals and families to apply and reapply for benefits as well as report changes and submit requests/documents to AHCCCS and DES. You can also use the website to find the location of Community Assistors (people who are trained to help you apply for benefits) and state offices.

**Website:** [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)

Additional offices within AHCCCS that may be of additional help to you:

**Office of Human Rights**:  
The Office of Human Rights (OHR) provides advocacy to individuals with a serious mental Illness (SMI) determination. OHR provides support to individuals by helping them understand, protect and exercise their rights.

Maricopa, Pinal, or Gila County: 602-364-4585 or 1-800-421-2124; Pima, Santa Cruz, Cochise, Graham, Greenlee County, Yuma or La Paz County: 520-770-3100 or 1-877-524-6882; Mohave, Coconino, Yavapai, Navajo or Apache County: 1-928-214-8231 or 1-877-744-2250
Human Rights Committee Coordinator: 602-364-4577 or 1-800-421-2124

*NOTE: Tribal members should contact the Office of Human Rights location that provides services to the county they live in. County of residence.

**Special Assistance:**
Special Assistance is the support provided to adult members who are unable, due to a specific condition, to communicate their preferences and/or to participate effectively in the development of their service and discharge plans, the appeal process and/or grievance/investigation process. If you have questions, you can contact:

Troy Chester, Human Rights Liaison
Mercy Maricopa Grievance and Appeals
**Office:** 959-299-7726
**Fax:** 602-414-7679
**Chestert@mercymaricopa.org**

Daniel Hunt, Special Assistance Coordinator
Mercy Maricopa Grievance and Appeals
**602-659-1731**
**Huntd2@aetna.com**

Danielle S. Perez-Reyes, Special Assistance Field Coordinator
Office of Human Rights (AHCCCS)
**Office:** 602-364-4721
**Fax:** 602-364-4590
**Danielle.Perez@azahcccs.gov**
**Division of Licensing Services**

The Division of Licensing Services licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

150 N. 18th Ave.
Phoenix, AZ 85007
**Phone:** 602-364-2536
**Website:** www.azdhs.gov/als/index.htm

Tucson Office
400 W. Congress, Suite 100
Tucson, AZ 85701
**Phone:** 520-628-6965
**Website:** www.azdhs.gov/als/index.htm

**Arizona Department of Child Safety (DCS)**

The Arizona Department of Child Safety receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

P.O. Box 44240
Phoenix, AZ 85064-4240
**Hotline:** 1-888-SOS-CHILD (1-888-767-2445); 602-530-1831 (TDD)
**Website:** www.dcs.az.gov

**AZ Links**

AZ Links www.azdaars.getcare.com/consumer is the website of Arizona’s Aging and Disability Resource Consortium (ADRC). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services. (www.azlinks.gov)

To get assistance and talk to staff, contact the Area Agency on Aging (for older adults and seniors), Center for Independent Living (persons with disabilities), or
Caregiver Resource Line (for families and caregivers).

**Area Agency on Aging**  
**Phone:** 602-264-HELP (4357), or 1-888-783-7500  
**Website:** www.aaaphx.org

**Center for Independent Living**  
**Phone:** 602-262-2900  
**Website:** www.azsilc.org/independent-living/

**Caregiver Resource Line**  
**Phone:** 1-888-737-7494  
**Website:** www.azcaregiver.org

**Arizona Center for Disability Law - Mental Health**  
The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to ensure the enforcement of their constitutional and statutory rights.

**Phone:** 602-274-6287 (Phoenix/voice or TTY); 1-800-927-2260 (statewide except Phoenix)  
**Website:** www.acdl.com/mentalhealth.html

**NAMI Arizona (National Alliance on Mental Illness)**  
NAMI Arizona has a helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages affected by mental illness.

**Phone:** 602-244-8166  
**Website:** www.namiaz.org
NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment)
NAZCARE is a peer-orientated agency that uses a holistic approach to recovery and wellness by addressing the whole person in mind, body and spirit. NAZCARE provides services in Wellness Planning with a Wellness Coach to assist you on your journey to better wellness.

**Phone:** 928-224-4506 (Winslow); 928-213-0742 (Flagstaff); 928-793-4514 (Globe); 520-876-0004 (Casa Grande); 928-532-3108 (Show Low); 928-783-4253 (Yuma); 928-758-3665 (Bullhead); 928-753-1213 (Kingman); 928-442-9205 (Prescott); 928-333-3036 (Eagar); 928-575-4132 (Parker); 928-634-1168 (Cottonwood); 520-586-8567 (Benson)

**Website:** www.nazcare.org/

Wellness Connections
Based in Southeast Arizona, Wellness Connections uses a peer-run model. Through a large number of programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.

**Phone:** 520-452-0080

**Website:** wellness-connections.org

Mentally Ill Kids In Distress (MIKID)
MIKID provides support and help to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children’s issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

**Phone:** 602-253-1240 (Maricopa); 520-882-0142 (Pima); 928-775-4448 (Yavapai); 928-344-1983 (Yuma); 928-245-4955 (Navajo and Apache counties)

**Website:** http://www.mikid.org
Arizona Suicide Prevention Coalition
Survivors, professionals, supporters and anyone who is interested in the issues surrounding suicide can go to our site for additional information. Coalition meetings are held the second Tuesday of every month.

Phone: 602-248-8337
Website: www.azspc.org

National Hope Line Network
Free 24-hour hotline for anyone in crisis
1-800-442-4673

National Suicide Prevention Lifeline
Offers free 24 hour hotline available to anyone in suicidal crisis or emotional distress.
Phone: 1-800-273-8255
Website: www.suicidepreventionlifeline.org

Teen Lifeline
Peer counseling suicide hotline from 3–9 p.m. Daily. Life skills development training for teens interested in becoming peer counselors. Awareness, education, prevention materials and training opportunities available.

Phone: 602-248-8336
Website: www.teenlifeline.org

La Frontera - EMPACT
Behavioral health services to children, adults and families. Outpatient and inpatient services are available, including counseling, psychiatric services, substance abuse treatment, trauma healing, crisis intervention, supportive services, and services for adults with a serious mental illness.

Glendale: 4425 W. Olive Rd., Ste., 194, Glendale, AZ 85302
Phone: 480-784-1514

Maricopa: Address: 21476 N. John Wayne Parkway, Ste. C101, Maricopa, AZ 85239
If you would like to know more about these resources including all residential placement options within the RBHA Geographic Service Area (GSA) that are available in your community, you can contact Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711.

**Medical health and wellness resources**

**Arizona Women Infants and Children (WIC)**
WIC provides food, breastfeeding education and information on healthy diet to women who are pregnant, infants, and children under five years old.

150 N. 18th Ave., Ste. 310
Phoenix, AZ 85007
**Phone:** 1-800-252-5942
**Website:** [www.azdhs.gov/azwic/](http://www.azdhs.gov/azwic/)
To find a clinic near you, visit [clinicsearch.azbnp.gov/](http://clinicsearch.azbnp.gov/)

**Arizona Family Health Partnership**
This federally funded program offers family planning, women’s health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.

**Phone:** 602-258-5777
**Website:** [www.arizonafamilyhealth.org](http://www.arizonafamilyhealth.org)
Nurse-Family Partnership
The Nurse-Family Partnership is a program for first time mothers who are less than 28 weeks pregnant in North or South Phoenix. A registered nurse will come to the home of a pregnant member. They will help to make sure that she has a healthy pregnancy. There is no cost for this service for Mercy Maricopa members who are pregnant.

Website: www.nursefamilypartnership.org

North Phoenix
2850 N. 24th St.
Phoenix, AZ 85008

South Phoenix
4041 N. Central Ave.
Phoenix, AZ 85012
Phone: 602-224-1740

Teen Outreach Pregnancy Services (TOPS)
TOPS is designed for pregnant and parenting teens. The nurses and social workers understand the challenges teens face, and help to make sure the pregnant mother and baby are healthy. There are classes about having a healthy pregnancy, childbirth and parenting. The classes are for teens only. Services also include helping teen moms get things needed for pregnancy and new baby.

Website: www.teenoutreachaz.org/

West Valley
6610 N. 47th Ave., Ste.12
Glendale, AZ 85301
Phone: 623-334-1501
East Valley
931 E. Southern Ave., Ste111
Mesa, AZ 85204
**Phone:** 480-668-8800

Pinal County
**Pinal Gila Community Child Services, Inc. (PGCCS)**
1750 S. Arizona Blvd.
Coolidge, AZ 85128
**Phone:** 520-723-5321
**Website:** [www.pgccs.org](http://www.pgccs.org)

Crisis Nursery
402 N. 24th St.
Phoenix, AZ 85008
**Phone:** 602-889-6165
**Website:** [www.crisisnurseryphx.org](http://www.crisisnurseryphx.org)

City of Phoenix Human Services Head Start
200 W. Washington, 19th Floor
Phoenix, AZ 85003
**Phone:** 602-262-4040
**Website:** [www.phoenix.gov/humanservices/programs/head-start](http://www.phoenix.gov/humanservices/programs/head-start)

Maricopa County Head Start Zero- Five Program
234 N. Central Ave.
Phoenix, AZ 85004
**Phone:** 480-464-9669
**Website:** [www.hsd.maricopa.gov/headstart](http://www.hsd.maricopa.gov/headstart)

Southwest Human Development Head Start
2850 N. 24th St.
Phoenix, AZ 85008
**Phone:** 602-266-5976
**Website:** [www.swhd.org](http://www.swhd.org)
Alhambra School District Head Start
4510 N. 37th Ave.
Phoenix, AZ 85019
Phone: 602-246-5155
Website: www.alhambraesd.org

Booker T. Washington Child Development Center
1519 E. Adams
Phoenix, AZ 85034
Phone: 602-252-4743
Website: www.btwchild.org

Catholic Charities Westside Head Start
7400 W. Olive, Ste. 10
Peoria, AZ 85345
Phone: 623-486-9868
Website: www.catholiccharitiesaz.org

Deer Valley Head Start
20402 N. 15th Ave.
Phoenix, AZ 85027
Phone: 623-445-4991
Website: www.dvusd.org

Fowler Head Start
6250 W. Durango
Phoenix, AZ 85043
Phone: 623-474-7260
Website: www.fesd.org

Greater Phoenix Urban League Head Start
PO Box 45483
Phoenix, AZ 85064
Phone: 602-276-9305
Website: www.gphxul.org
Murphy Head Start
2615 W. Buckeye Rd.
Phoenix, AZ 85009
Phone: 602-353-5181
Website: www.msdaz.org

Roosevelt School District Head Start
4615 S. 22nd St.
Phoenix, AZ 85040
Phone: 602-232-4915
Website: www.rsd.k12.az.us

Washington Elementary School District
8430 N. 39th Ave.
Phoenix, AZ 85051
Phone: 602-347-2206
Website: www.wesdschools.org

Wilson Head Start
500 N. 30th Pl.
Phoenix, AZ 85008
Phone: 602-231-0373
Website: www.wsd.k12.az.us

Migrant and seasonal program services
Chicanos Por La Causa Early Childhood Development
1242 E. Washington St., Ste. 200
Phoenix, AZ 85034
Phone: 602-307-5818
Website: www.cplc.org
Tribal program services
Gila River Head Start
P.O. Box 97 Sacaton, AZ 85147
Phone: 520-562-3423
Website: www.gilariver.org

Salt River Pima-Maricopa Indian Community Early Childhood Education Center
10005 E. Osborn Rd.
Scottsdale, AZ 85256
Phone: 480-362-2200
Website: ecec.srpmic-ed.org

Healthy Families Arizona
This program helps mothers have a healthy pregnancy. Healthy Families helps with child development, nutrition, safety and other things. A community health worker sets an appointment with pregnant member to come to the member’s home to give her information and help with any concerns that she might have. The program starts while the member is pregnant, and can continue through the time that the baby is 5 years old.

1789 W. Jefferson St.
Phoenix, AZ 85007
Phone: 602-427-4725
Website: www.azdes.gov

Arizona Early Intervention Program (AZEIP)
The Arizona Early Intervention Program (AZEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. To get help or learn more about AZEIP resources, call Mercy Maricopa at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711 and ask for the Mercy Maricopa AZEIP coordinator.
Arizona Head Start
Head Start is a great program that gets preschoolers ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you.
Website: www.azheadstart.org

Community Information and Referral
Community Information and Referral is a call center that can help you find many community services, including: Food banks, clothes, shelters, help to pay rent and utilities, health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, help with drug or alcohol problems, financial help, job training, transportation, education programs, adult day care, meals on wheels, respite care, home health care, transportation, homemaker services, child care, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services.
Phone: 2-1-1
Website: www.cir.org

Child and Family Resources
Website: www.childfamilyresources.org

The Center for Adolescent Parents
Teen mothers can earn their high school diploma or GED while receiving no cost, onsite child care

Maricopa County
2830 W. Glendale Ave.
Phoenix, AZ 85051
Phone: 602-234-3941
Pinal County
105 S. Delaware Dr., Ste. 10
Apache Junction, AZ 85120
Phone: 520-881-8940

Child Care Resource and Referral
Statewide program that helps families find child care
Phone: 1-800-308-9000
Website: www.arizonachildcare.org

Low Cost/Sliding Scale Health Care Providers in Maricopa County

Adelante Healthcare
Phone: 1-877-809-5092
Website: www.adelantehealthcare.com

Avondale
3400 Dysart Rd., Ste. F-21
Avondale, AZ 85392

Buckeye
306 E. Monroe Ave.
Buckeye, AZ 85326

Gila Bend
100 N. Gila Blvd.
Gila Bend, AZ 85337

Mesa
1705 W. Main St.
Mesa, AZ 85201

Phoenix
7725 N. 43rd Ave., Ste. 510
Phoenix, AZ 85201
Surprise
15351 W. Bell Rd.
Surprise, AZ 85374

Wickenburg
811 N. Tegner St., Ste. 113
Wickenburg, AZ 85390

John C. Lincoln Community Health Center
9201 N. 5th St.
Phoenix, AZ 85020
Phone: 602-331-5779
Website: www.desertmission.com

Maricopa Integrated Health System Family Health Centers
Website: www.mihs.org/centers/family-health-centers

West Valley

El Mirage Family Health Center
12428 W. Thunderbird Rd.
El Mirage, AZ 85335
Phone: 623-344-6500

Avondale Family Health Center
950 E. Van Buren St.
Avondale, AZ 85323
Phone: 623-344-6800

Glendale Family Health Center
5141 W. Lamar St.
Glendale, AZ 85301
Phone: 623-344-6700
Maryvale Family Healthcare
4011 N. 51st Ave.
Phoenix, AZ 85031
Phone: 623-344-6900

East Valley

Chandler Family Health Center
811 S. Hamilton St.
Chandler, AZ 85225
Phone: 480-344-6100

Mesa Family Health Center
59 S. Hibbert
Mesa, AZ 85210
Phone: 480-344-6200

Guadalupe Family Health Center
5825 Calle Guadalupe
Guadalupe, AZ 85283
Phone: 480-344-6000

Central Valley

McDowell Healthcare Center
1144 E. McDowell Rd.
Phoenix, AZ 85006
Phone: 602-344-6550

Sunnyslope Family Health Center
934 W. Hatcher Rd.
Phoenix, AZ 85021
Phone: 602-344-6300

Comprehensive Healthcare Center
2525 E. Roosevelt St.
Phoenix, AZ 85008
Phone: 602-344-1015

South Central Family Health Center
33 W. Tamarisk St.
Phoenix, AZ 85041
Phone: 602-344-6400

7th Avenue Family Health Center
1205 S. 7th Ave.
Phoenix, AZ 85007
Phone: 602-344-6600
7th Avenue Walk-In Clinic
1201 S. 7th Ave.
Phoenix, AZ 85007
**Phone:** 602-344-6655

Mountain Park Health Centers
**Website:** www.mountainparkhealth.org

Baseline
635 E. Baseline Rd.
Phoenix, AZ 85042
**Phone:** 602-243-7277

Tempe
1492 S. Mill Ave., 312
Tempe, AZ 85281
**Phone:** 602-243-7277

Goodyear
140 N. Litchfield Rd.
Goodyear, AZ 85338
**Phone:** 602-243-7277

East Phoenix/Gateway
690 N. Cofco Center Ct., Ste. 230
Phoenix, AZ 85008
**Phone:** 602-243-7277

Maryvale
6601 W. Thomas Rd.
Phoenix, AZ 85033
**Phone:** 602-243-7277
Maricopa County Health Care For The Homeless
220 S. 12th Ave.
Phoenix, AZ 85007
Phone: 602-372-2100
Website: www.maricopa.gov/publichealth/Services/Homeless/

Native American Community Health Center
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
Phone: 602-279-5262
Website: www.nativehealthphoenix.org

Armadillo Pediatric
515 W. Buckeye Rd.
Phoenix, AZ 85003
Phone: 602-257-9229

OSO Medical
378 N. Litchfield Rd.
Goodyear, AZ 85338
Phone: 623-925-2622

St. Vincent De Paul Medical Clinic
420 W. Watkins Rd.
Phoenix, AZ 85003
Phone: 602-261-6868
Website: www.stvincentdepaul.net/programs/medical-clinic

Emergency shelter

Andre House
Emergency food boxes and other supports.
213 S. 11th Ave.
Phoenix, AZ 85007
Phone: 602-252-9023
Church on Fillmore
745 W. Fillmore St.
Phoenix, AZ 85007
Call for availability: 602-252-1423

UMOM New Day Centers
3333 E. Van Buren St.
Phoenix, AZ 85008
Phone: 602-275-7852 x230

Homeward Bound
2302 W. Colter St.
Phoenix, AZ 85015
Phone: 602-263-7654

Central Arizona Shelter Services (CASS)
230 S. 12th Ave.
Phoenix, AZ 85007
Phone: 602-256-6945 x3059

Phoenix Rescue Mission
1801 S. 35th Ave.
Phoenix, AZ 85009
Phone: 602-233-3000

Save the Family
450 W. 4th Pl.
Mesa, AZ 85201
Phone: 480-898-0228

House of Refuge Sunnyslope
700 N. Central Ave.
Phoenix, AZ 85020
Phone: 602-678-0223
Salvation Army Family Service Center
2707 E. Van Buren St.
Phoenix, AZ 85008
**Phone:** 602-267-4130

Ozanam Manor
1730 E. Monroe St.
Phoenix, AZ 85034
**Phone:** 602-850-6900

Family Promise of Greater Arizona
7221 E. Belleview St.
Scottsdale, AZ 85257
**Phone:** 480-659-5227

Transitional Living Centers
24 S. McDonald St.
Mesa, AZ 85201
**Phone:** 480-833-0143

I-HELP Chandler
345 S. California St.
Chandler, AZ 85225
**Phone:** 480-963-1423

East Valley Women’s Shelter (A New Leaf)
149 N. Mesa Dr.
Mesa, AZ 85201
**Phone:** 480-969-1691

Tumbleweed Center for Youth
3707 N. 7th St., Ste. 305
Phoenix, AZ 85014
24-hour crisis hotline: 602-841-5799
**Phone:** 602-271-9904 or 1-866-SAFE703
Community Housing Resources
4020 N. 20th St., Ste. 20
Phoenix, AZ 85016
Phone: 602-631-9780

Phoenix Shanti Group
2345 W. Glendale Ave.
Phoenix, AZ 85021
Phone: 602-279-0008

La Mesita Family Homeless Shelter
651 E. Commonwealth Ave.
Chandler, AZ 85225
Phone: 480-834-8723

Madison Street Veteran’s Association
233 S. 11th St.
Phoenix, AZ 85007
Phone: 602-254-5752

Dana Center
731 W. Dana
Mesa, AZ 85210
Phone: 480-461-1033

Food and clothing resources

Chicanos Por La Causa Senior Center
Hot meals for older adults, delivered for homebound
1617 N. 45th Ave.
Phoenix, AZ 85035
Phone: 602-272-0054
Cultural Cup Food Bank
Free emergency food boxes, sack lunches and more
342 E. Osborn Rd.
Phoenix, AZ 85012
Phone: 602-266-8370
Website: www.culturalcup.com

First Pentecostal Church Community Center
Canned foods, meals and more
2709 E. Marguerite Ave.
Phoenix, AZ 85040
Phone: 602-276-2126

Highways and Hedges Ministries
Monday-Friday 9:30 a.m. -5: p.m.
2515 E. Thomas Rd.
Phoenix, AZ 85016
Phone: 602-212-0850

ICM Food and Clothing Bank
Monday-Saturday, 9-11 a.m.
501 S. 9th Ave.
Phoenix, AZ 85007
Phone: 602-254-7450

St. Mary’s Food Bank
Collects and distributes food throughout the state, provides emergency food boxes, mobile pantry, child nutrition programs and a community kitchen.
2831 N. 31st Ave.
Phoenix AZ 85009
Phone: 602-242-3663

United Food Bank
245 S. Nina Dr.
Mesa, AZ 85210
Phone: 480-926-4897

Foothills Food Bank and Resource Center
6038 E. Hidden Valley Dr.
Cave Creek, AZ 85331
Call for eligibility: 480-488-1145

St. Vincent de Paul dining rooms
Phoenix Family Dining Room
420 W. Watkins Road
Phoenix, AZ 85003
Phone: 602-266-4673

Sunnyslope
9227 N. 10th Ave.
Phoenix, AZ 85021

Mesa
67 W. Broadway Road
Mesa, AZ 85210

Human Services
Human Services Campus
1075 W. Jackson St.
Phoenix, AZ 85007

El Mirage
14016 N. Verbena St.
El Mirage, AZ 85335

Domestic violence resources
Arizona Coalition Against Sexual and Domestic Violence
Provides education and training, technical assistance, advocacy, legal advocacy hotline and legal hotline
Phone: 602-279-2900; 1-800-782-6400; TTY 602-279-7270
Website: www.azcadv.org
Rape, Abuse and Incest National Network
Information, referrals and telephone or online support for victims of rape or abuse

Phone: 1-800-656-4673
Website: www.rainn.org

Sojourner Center
Offers 24-hour crisis line with information about shelters and safety planning, emergency food, housing, clothing and other support services for families affected by domestic violence. Sojourner offers transitional housing for families leaving shelters. Also provides advocacy services, lay legal advocacy and family enrichment programs.

Crisis hotline: 602-244-0089; 602-889-1610, 602-244-0997
Website: www.sojournercenter.org

National Domestic Violence Hotline
Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states. Information offered in English and Spanish.

Phone: 1-800-799-7233; TTY 1-800-787-3224
Website: www.thehotline.org

Organization for Non-Violence Education
Provides individual and group counseling for anger management and domestic violence for $180/12 sessions, up to 52 weeks. Sessions are gender specific and court-ordered. Men’s groups on Mondays in the East Valley and Wednesdays in Glendale; women’s groups offered Thursdays in Glendale.

Phone: 623-934-0696
Website: www.oneincusa.org
Benefits and employment assistance

Disability Benefits 101
Disability Benefits gives you tools and information on health coverage, benefits and employment.

**Phone:** 1-866-304-WORK (9675)  
**Website:** www.az.db101.org

My Family Benefits
Information about medical, cash and nutrition assistance

**Phone:** 1-855-432-7587 or 1-855-heaplus  
**Website:** www.azdes.gov/myfamilybenefits

Arizona Self Help
Online access to 40 different health and human services programs  
**Website:** www.arizonaselfhelp.org
Arizona Workforce Connection
Employment tools designed for job seekers, students, case managers, employers, training providers, workforce professionals and others seeking benefits and services

**Phone:** 602-542-2460  
**Website:** www.arizonaworkforceconnection.com

Social Security and Disability Resource Center
Provides information on the federal disability benefit programs, SSD (social security disability, mandated under Title II of the Social Security Act) and SSI (supplemental security income, mandated under Title 16), in addition to answering questions about Social Security retirement benefits and providing resource links on Medicare and other topics.

**Website:** www.ssdrc.com

Low-fee dental services in Maricopa County

Mountain Park Health Center
Provides dental services to established patients at the Baseline and Maryvale clinics.

**Website:** www.mountainparkhealth.org/our-services/dental/

Baseline Clinic
635 E. Baseline Rd.  
Phoenix, AZ 85042  
**Phone:** 602-243-7277  
**Website:** www.mountainparkhealth.org/locations/baseline/

Maryvale Clinic
6601 W. Thomas Rd.  
Phoenix, AZ 85033  
**Phone:** 602-243-7277  
**Website:** http://mountainparkhealth.org/locations/maryvale/

Native American Community Health Centers
Provider provides holistic, patient-centered, culturally sensitive health and wellness services, including dental and behavioral health care, health promotion and disease prevention.

**Central**
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
**Phone:** 602-279-5262
**Website:** www.nativehealthphoenix.org

**West**
2423 W. Dunlap Ave., Ste. 140
Phoenix, AZ 85021
**Phone:** 602-279-5351

**Phoenix College Dental Hygiene Clinic**
Offers preventive and therapeutic dental services to qualified patients, performed by students under the supervision of instructors.

1202 W. Thomas Rd., Bldg. R
Phoenix, AZ 85013
**Phone:** 602-285-7323
**Website:** www.pc.maricopa.edu

**St. Vincent de Paul**
Free medical and dental clinic based on need and availability. Medical equipment loan program for low income individuals. By appointment.

420 W. Watkins
Phoenix, AZ 85003
**Phone:** 602-261-6868
**Website:** www.stvincentdepaul.net

**Carrington College Dental Clinic**
Offering free dental care to children ages 12-17, conducted by supervised students in the college’s dental-hygiene program, including X-rays, cleaning and polishing.
Chandler Care Center
Provides free medical, dental, counseling and social services for children and families through the Chandler Unified School District.

777 E. Galveston Rd.
Chandler, AZ 85225
**Phone:** 480-812-7900
**Website:** www.mychandlerschools.org

Bob and Renee Parsons Dental Clinic
Low cost dental care for children ages 5-18 who do not qualify for AHCCCS or private insurance. Open Tuesday through Friday. Parents must bring proof of income.

1601 W. Sherman St.
Phoenix, AZ 85007
**Phone:** 602-271-9961
**Website:** www.bgcmp.org/dental.htm

First Teeth First - Maricopa County Office of Oral Health
First Teeth First provides dental screenings, parent education, fluoride varnish and referrals to children under 6 years old in Maricopa County.

**Phone:** 602-506-6842
**Website:** www.firstteethfirst.org
Terms and definitions

Plan definitions

**638 Tribal Facility** means a facility operated by an Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

**Advance directive** is a written instruction telling your wishes about what types of care you do or do not want.

**Appeal** is the request for review of an adverse benefit determination.

**Appeal resolution** is the written determination by Mercy Maricopa about an appeal.

**Authorization** is an approval from your doctor and/or health plan before getting other health care services including, but not limited to, laboratory and radiology tests and visits to specialists and other health care providers (see referral).

**Approval of services** is the process used when certain non-emergency services require approval before you can get them.

**Arizona Health Care Cost Containment System (AHCCCS)** is the state agency that oversees the use of federal and state funds to provide behavioral health services, Title 19 (Medicaid), Title 21 and Arizona Long Term Care Services (ALTCS) programs.

**Auricular acupuncture** is provided by a certified acupuncturist practitioner, who uses auricular acupuncture needles to treat alcoholism, substance abuse or chemical dependency.

**Behavioral health provider** is whom you choose to get behavioral health services from. It can include doctors, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

**Clinical team** is a Child and Family Team or Adult Recovery Team.
Complaint is the expression of dissatisfaction with any aspect of your care that isn’t an action you can appeal.

Consent to treatment is giving your permission to get services.

Copayment is a small amount of money you pay when you get certain covered services.

Cost sharing refers to a RBHA’s responsibility for payment of applicable premiums, deductibles and copayments.

Durable Medical Equipment (DME) equipment which:
• May be used over and over
• Is primarily used to serve a medical purpose
• Usually is not useful to a person when they are not sick or hurt
• Is easily used in the home
• Some examples are crutches, wheelchairs and walkers.

Emergency is a medical situation that could cause serious health problems or even death if not treated immediately.

Emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
A) Placing the patient’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
B) Serious impairment to bodily functions
C) Serious dysfunction of any bodily organ or part

Emergency medical transportation is emergency transportation, including transportation initiated by an emergency response system such as 911, may be provided by ground, air or water ambulance to manage member’s emergency medical condition at an emergency scene and transport the member to the nearest appropriate medical facility.
Emergency room care includes medical services that evaluate and help stabilize a patient during an emergency medical condition.

Emergency services are covered inpatient and outpatient services provided after the sudden onset of an emergency medical condition as defined above. These services must be furnished by a qualified provider, and must be necessary to evaluate or stabilize the emergency medical condition [42 CFR 438.114(a)].

Excluded services are services not covered under the State Plan or the 1115 Waiver, including but not limited to, services that are above a prescribed limit, experimental services, or services that are not medically necessary.

Enrolled is the process of becoming eligible to receive public behavioral health services.

Expedited appeal is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person’s life, health or ability to attain, maintain or regain maximum functioning.

Grievance/Request for Investigation is for persons determined to have a serious mental illness when they feel their rights have been violated.

Grievance is a member’s expression of dissatisfaction with any matter, other than an adverse benefit determination.

A grievance may be submitted orally or in writing to any Mercy Maricopa staff person. You can call Member Services at 602-586-1841 or 1-800-564-5465; (TTY/TDD) 711. Grievances include, but are not limited to, issues regarding:

• Quality of care or services
• Accessibility or availability of services
• Interpersonal relationships (e.g. Rudeness of a provider or employee, cultural barriers or insensitivity)
• Claims or billing
• Failure to respect a member’s rights
Grievance system is a system that includes a process for enrollee grievances, enrollee appeals, provider claim disputes and access to the State Fair Hearing system.

Habilitation services and devices is the process by which a person is assisted to acquire and maintain those life skills that enable the person to cope more effectively with personal and environmental demands and to raise the level of the person’s physical, mental and social efficiency (A.R.S. §36-551 (18)).

Health insurance is coverage against expenses incurred through illness or injury of the person whose life or physical well-being is the subject of coverage.

Home health care is nursing services, home health aide services, therapy services, and medical supplies, equipment, and appliances as described in 42 CFR 440.70 when provided to a member at his place of residence and on his or her physician’s orders as part of a written plan of care [42 CFR 440.70].

Hospice services is palliative and support care for members who are certified by a physician as being terminally ill and having six months or less to live.

Hospitalization is admission to, or period of stay in, a health care institution that is licensed as a hospital as defined in R9-22-101.

Hospital outpatient care is any type of medical or surgical care performed at a hospital that your doctor does not expect will be an overnight hospital stay. In some cases, you may stay overnight in the hospital, but not be admitted as an inpatient (this would be considered outpatient service).

Indian Health Service (IHS) means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to most American Indians according to treaties with Tribal Governments.

Member is a person enrolled with a RBHA to get behavioral health services.
**Medically necessary**, as defined in 9 A.A.C. 22 Article 101, means a covered service provided by a physician or other licensed practitioner of the health arts within the scope of practice under State law to prevent disease, disability or other adverse conditions or their progression, or to prolong life.

**Network** is a list of doctors, or other health care providers, and hospitals that a Contractor contracts with directly, or employs through a subcontractor, to provide medical care to its members.

**Non-participating provider** is a person or entity that provides services as prescribed in A.R.S. §36-2901 who does not have a subcontract with an AHCCCS Contractor.

**Notice of Adverse Benefit Determination** is the notice you get of an intended action or adverse decision made by the RBHA or a provider regarding services.

**Out-of-network provider** is a provider who is neither contracted with nor authorized by Mercy Maricopa to provide services to Mercy Maricopa members.

**Prescription** is an order from your doctor for medicine. The prescription may be called in over the telephone or can be written down.

**Primary care provider (PCP)** is the doctor who provides or authorizes all your health care needs. Your PCP refers you to a specialist if you need special health care services.

**Participating provider** is a person or entity who participates in the contractors’ network.

**Physician services** means medical assessment, treatments and surgical services provided by licensed allopathic or osteopathic physicians within the scope of practice.
Plan is a complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

Preauthorization is process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment (A.A.C. R9-22-101).

Premium is the amount an individual pays for health insurance every month. In addition to the premium, an individual usually has to pay other costs for his/her health care, including a deductible, copayments, and coinsurance.

Prescription drugs is any prescription medication as defined in A.R.S § 32-1901 is prescribed by a health care professional to a subscriber to treat the subscriber’s condition.

Prescription drug coverage is prescription medications prescribed by an AHCCCS registered qualified practitioner as a pharmacy benefit, based on medical necessity, and in compliance with Federal and state law including 42 U.S.C 1396r-8 and A.A.C. R9-22-209.

Primary care provider (PCP) is an individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member’s health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.
**Provider** is any person or entity that contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

**Power of Attorney** is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

**Provider fraud and abuse**
- Falsifying claims/encounters that include the following items:
- Alteration of a claim
- Incorrect coding
- Double billing
- False data submitted
- Administrative/financial actions that include the following items:
- Kickbacks
- Falsifying credentials
- Fraudulent enrollment practices
- Fraudulent Third Party Liability (TPL) Reporting
- Fraudulent Recoupment Practices
- Falsifying services that include the following items:
- Billing for Services/Supplies Not Provided,
- Misrepresentation of Services/Supplies
- Substitution of Services

**Provider preventable conditions** are complications or mistakes caused by hospital conditions, hospital staff or a medical professional that negatively affect the health of a member. These conditions are listed in the AHCCCS Medical Policy and Manual, Chapter 1000.

**Qualified Medicare Beneficiaries (QMB)** is for members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.

**Referral** is the process (oral, written, faxed or electronic request) by which your provider will “refer” you to a provider for specialized care.
Rehabilitation services and devices is physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level (A.A.C. R9-22-101).

Regional Behavioral Health Authority (RBHA) is the behavioral health administrator contracted with the Arizona Health Care Cost Containment System (AHCCCS) to deliver behavioral health services in a certain area of the state.

Referral is when the PCP sends you to a specialist for a specific, usually complex, problem.
Restraint means personal restraint, mechanical restraint or drug used as a restraint. Personal restraint is the application of physical force without the use of any device, for restricting the free movement of a behavioral health recipient’s body. Mechanical restraint is any device, article or garment attached or adjacent to a behavioral health recipient’s body that the person cannot easily remove and that restricts the person’s freedom of movement or normal access to the person’s body. Drug restraint is a pharmacological restraint that is not standard treatment for a behavioral health recipient’s medical condition or behavioral health issue and is administered to manage the behavioral health recipient’s behavior in a way that reduces the safety risk to the person or others or temporarily restrict the behavioral health recipient’s freedom of movement.

Seclusion is the involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave or which a person reasonably believes prevents him/her from leaving.

Serious mental illness (SMI) is a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

Service prioritization is the process by which the RBHAS must determine how available state funds are used.

Skilled nursing care is a type of residential care that provide around-the-clock nursing care for persons who require a certain level of medical care and/or assistance.[1] Twenty-four hour nursing care is available to ensure that all medical needs and personal/daily needs are being addressed.

Specialist is a Board-eligible or certified physician who declares himself
or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

**Specialty physician** is a physician who is specially trained in a certain branch of medicine related to specific services or procedures, certain age categories of patients, certain body systems, or certain types of diseases.

**Title 19** (Medicaid; may also be called AHCCCS) is medical, dental and behavioral health care insurance for low-income persons, children and families.

**Title 21** (may also be called AHCCCS) is medical, dental and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title 19 (Medicaid).

**Traditional Healing Services** for mental health or substance abuse problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed to relieve the emotional distress that may be evident by disruption of the person’s functional ability.

**Tribal Regional Behavioral Health Authority (TRBHA)** is an American Indian tribe under contract with AHCCCS to deliver or arrange for behavioral health services for eligible persons who are residents of the federally recognized Tribal Nation.

**Urgent care** is a category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent care centers primarily treat injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.
Maternity care services definitions

Certified Nurse Midwife (CNM) is certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral management or referral.

Family planning is education and treatment services for a member who voluntarily chooses to delay or prevent pregnancy.

High-risk pregnancy refers to a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High risk is determined using the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed midwife is an individual licensed by the Arizona Health Care Cost Containment System (AHCCCS) to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

Maternity care includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

Maternity care coordination consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.
Maternity care includes medically necessary preconception counseling, pregnancy, testing prenatal care, labor and delivery services and postpartum care.

• Medically necessary is a covered service that will prevent disease, disability and other poor health conditions or their progress, or prolong life.
• Medically necessary transportation takes you to and from required medical services.

Obstetrician/Gynecologist (OB/GYN) is a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

OB case management is an obstetrical case manager link for expectant mothers with appropriate community resources. These may include:

• Women, Infants and Children’s (WIC) nutritional program
• Parenting classes
• Smoking cessation, teen pregnancy case management, shelters and substance abuse counseling. They provide support, promote compliance with prenatal appointments and prescribe medical treatment plans.

Postpartum care is health care provided up to 60 days after the baby is delivered.

Practitioner refers to certified nurse practitioners in midwifery, physician’s assistants, and other nurse practitioners. Physician’s assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

Prenatal care is the health care provided during pregnancy. It has three major parts:

• Early and continuous risk assessment
• Health education and promotion
• Medical monitoring, intervention, and follow-up
Preconception counseling services, as part of a well woman visit, are provided when medically necessary. This counseling focuses on the early detection and management of risk factors before pregnancy. It includes efforts to influence behaviors that can affect a fetus (even before conception is confirmed), as well as regular health care. The purpose of preconception counseling is to make sure that a woman is healthy prior to pregnancy. It doesn’t include genetic testing.